The Scarborough System.

The Original Boston Computer Diet™

Put a personal weight loss counselor in your computer and discover a permanent pathway to physical fitness, good health and nutrition.

Manual

By: J. L. Read, M.D.;
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and Nutritional
Management, Inc.

The Original Boston Computer Diet™

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Nutritional Management, Inc. was founded in 1982 and currently operates eight medical clinics in Boston, Chicago, and New Jersey. These clinics specialize in the treatment of severe obesity. They also offer a variety of programs for cardiovascular fitness, wellness, and stress reduction.

Turning Point Software, Inc. produced the assembly language and Forth code in which this software is written. Kenneth Tepper, Ph.D., Jeremy Sagan, and Jay Friedland were the chief programmers.

Acknowledgments

Someone once said that the creation of educational software required skills akin to writing fiction as well as textbooks, to directing movies as well as filmstrips, and to building puzzles as well as quizzes. We have, rather pretentiously, taken them at their word in designing *The Original Boston Computer Diet*.

In the process, we often asked advice and sometimes were clever enough to take it. In the conceptual stages, we learned from Tom Malone's research and Diana Gagnon's insights regarding the powerful attraction of video games. Bob and Holly Doyle were generous in sharing their philosophy in the design of human-machine interfaces and deserve credit for putting a copy of James Martin's classic book on the subject in our hands.

We borrowed concepts and confidence from pioneering work in medical interviewing by computer from the group at Boston's Beth Israel Hospital headed by Drs. Warner Slack and Howard Bleich. Jelia Witschi, MS,RD took time to teach us about her work there with programs for patients with lipid disorders and diabetes.

We have worked so closely with the people at TPS Systems that it is difficult to tell where our part of the program ends and theirs begins. Jay Friedland and Jeremy Sagan wrote the Forth and assembler code for the original version of the program. We learned much about project management from Ken Tepper. Bruce Rosenblum performed translations for the Apple and Commodore computers. Each of these talented programmers also made many contributions to the basic design of the project.

It has been a major pleasure to work with Brian Fraley, the artist who created O'B, our cartoon software character, and brought him to life. Harry and Ellen Brawley, of Sigea Systems, made important contributions to the Food Reporting System at several stages.

Maury Solomon and Glenn Polin, of Scarborough Systems, patiently studied every aspect of the program and documentation and made countless helpful suggestions. In our office, Maureen Sheehee and Martha Hoefer were quick to lend a hand when it was needed.

If this program had been a film, Michael Kenyon would be the executive producer. He deserves enormous credit for supporting our work from beginning to end. And it simply could not have come about without the patient support of Carol Read, who shared her home with it for over a year.

Finally, we are indebted to the counselors and nurses who work in NMI clinics for sharing their experience in helping people achieve lasting and meaningful lifestyle changes.

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Welcome!

You are part of something new here.

Even if you are a computer expert—or an old pro at dieting!—*The Original Boston Computer Diet* will be a brand new experience for you. This is the first time an expert system of this sophistication has been widely available to help people modify their lifestyle and improve their health.

The program, whose main purpose is to help you lose weight, is based on four fundamental principles:

1. Weight problems are based on habits, and habits can be changed. Just because you are overweight does not mean you are somehow defective or weak.
2. Changing behavior (habits) requires planning and work, not willpower.
3. Body weight is a function of energy consumed and energy expended; the laws of physics cannot be repealed by clever diets.
4. Weight-loss diets should prepare people for long-term maintenance of their new lower weight.

The *Original Boston Computer Diet* works, but not because of some biochemical magic that whisks weight away. Years of experience treating thousands of overweight people has enabled us to shape what we have learned into a highly effective weight reduction program.

Your computer is an essential part of the package. It simulates our human behavioral counselors and uses the same techniques they do to deal with the most challenging aspects of dieting.

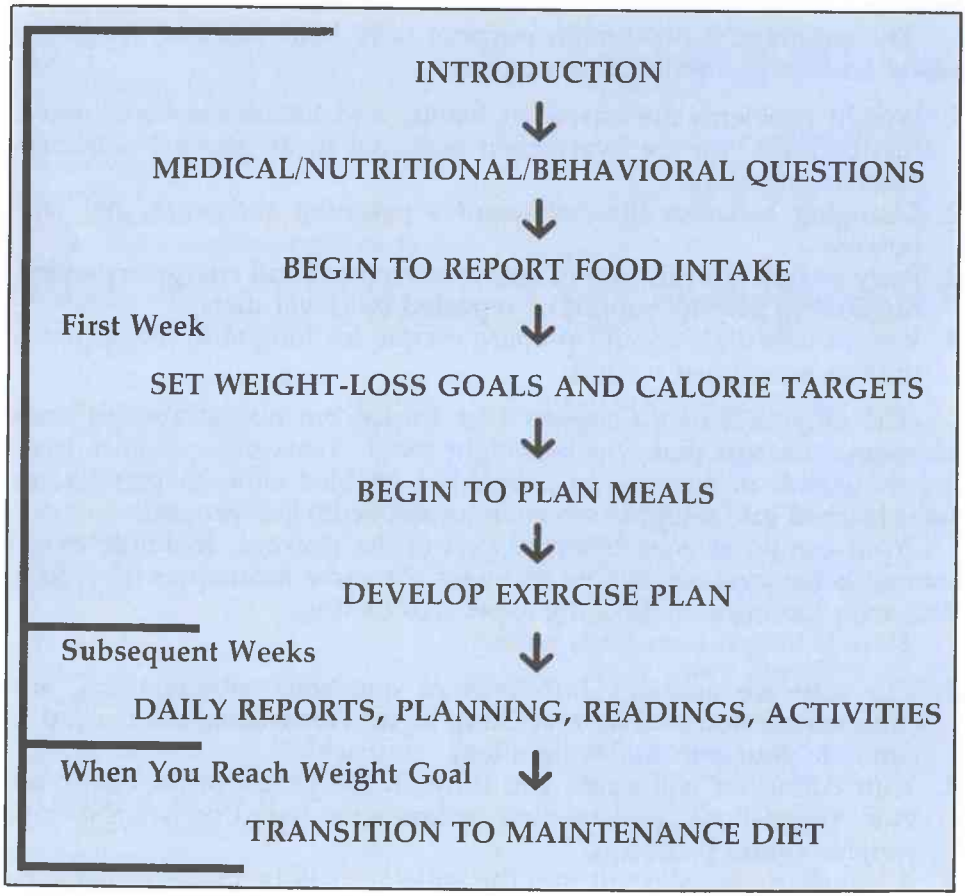
Here is how the program works:

1. The software contains hundreds of questions, observations, and comments connected by branching logic. This framework is used to simulate your personal weight-loss "counselor."
2. Your counselor will guide you through the program, providing advice, suggestions, and reading assignments based on your specific weight-control problems.
3. A group of "tools" built into the software will be made available by

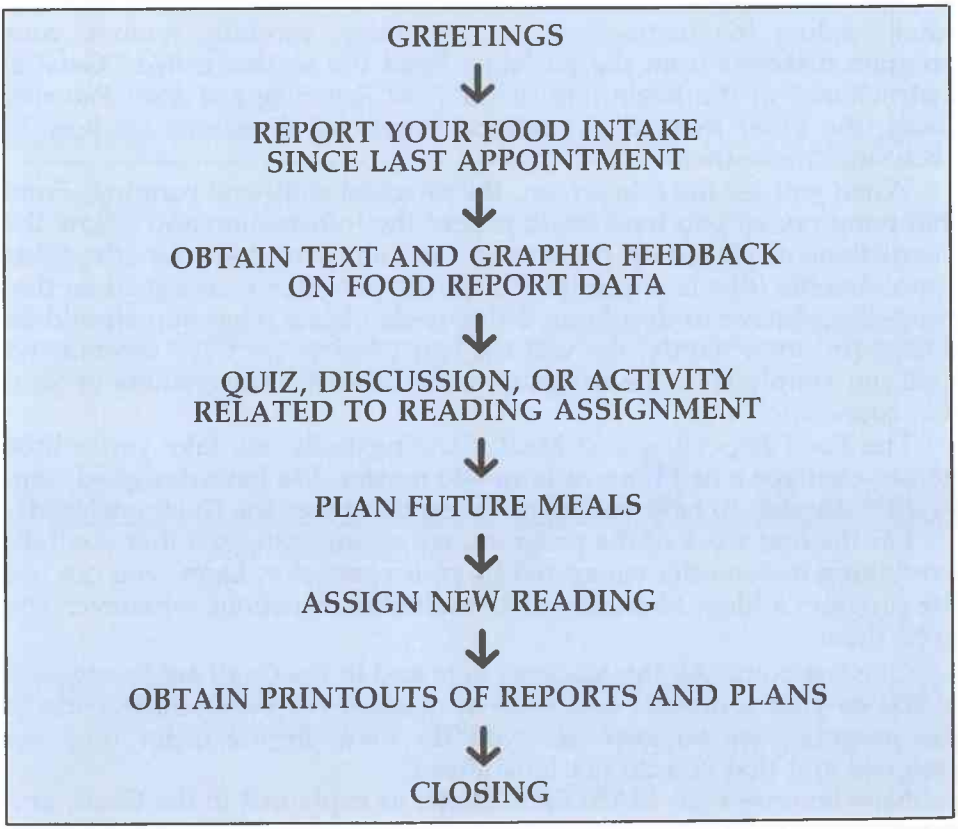
your counselor to help you plan and monitor your progress. Calorie counting is necessary, but with our tools, it has never been easier!

You already want to do something about your weight, or you would not be reading this. We want to help you reach your goals and are excited by the role personal computers can play in this important effort.

FLOWCHART OF OVERALL PROGRAM



FLOWCHART OF TYPICAL DAILY SESSION



Getting Started

After reading the instructions on this page, carefully remove your program diskettes from the package. Read the section called "General Instructions" at the beginning of the *Food Reporting and Meal Planning Guide* (the other manual in your package), for directions on how to "boot up" the software.

When you see the title screen, the program is up and running. From that point on, all you have to do is read the information and follow the instructions displayed on the screen—and show up for your scheduled appointments (this is *very* important). The program is designed so that you will not have to decide on a day-to-day basis what you should be doing. (In other words, we will *tell* you what to do.) We recommend that you simply start the program and follow the suggestions of your diet counselor.

The Food Reporting and Meal Planning tools will take you a little while—perhaps a half hour or hour—to master. We have designed step-by-step tutorials to help you learn to use them (see the *Guide* enclosed).

For the first week of the program, we strongly suggest that you take everything in the order suggested by your counselor. Later, you can use the program's Main Menu to select individual functions whenever you need them.

One last point. All the readings here and in the *Guide* are "assigned" to you by your computer counselor as needed. For most effective use of the program, we suggest that you do them in the order they are assigned and that you do not look ahead.

Now boot up your MASTER diskette, as explained in the *Guide*, and begin. Good luck!

First Things First

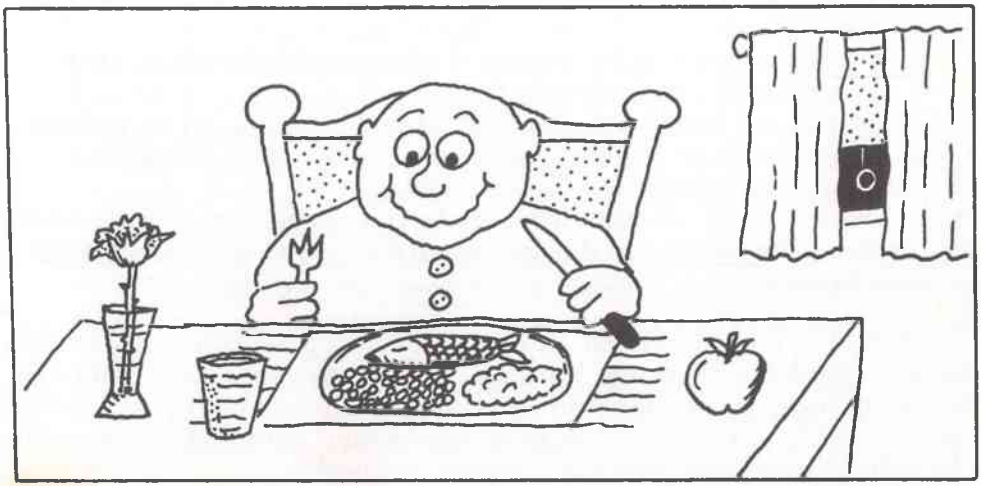
Over 80 million Americans are overweight. This means that obesity is the number one nutritional problem in America today.

In response to this situation, there has been an endless stream of diet gimmicks promising rapid weight loss with little effort. Unfortunately, many people fall prey to such promises in their yearning for a quick, simple solution to their weight problem. But the initial bliss is usually short-lived. Surveys show that 95 to 99 percent of fad dieters soon return to their original weight and sometimes exceed it!

What's wrong with get-thin-quick schemes? For one thing, they promote only short-term weight loss, usually in the form of water and lean body tissue.

Does this mean you are destined to carry your extra pounds of fat around forever? Or worse yet, must you ride a roller coaster of weight loss and gain? ABSOLUTELY NOT, and that is what this program is all about.

By choosing *The Original Boston Computer Diet,* you've finally found a weight-management program with goals that are consistent with your



real goals—to lose excess fat in a nutritionally sound manner and keep it off!

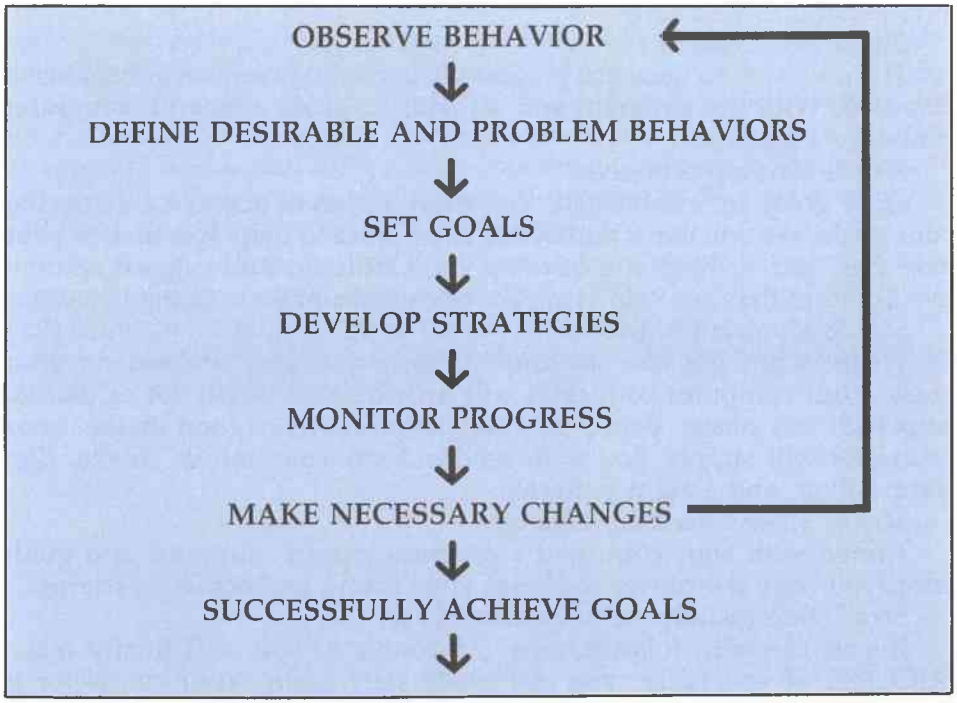
What exactly is *The Original Boston Computer Diet*?

1. Well, for starters, it is a safe, nutritious program incorporating foods from all of the basic food groups.
2. Its meal plans are consistent with the U.S. Dietary Guidelines, which recommend a decrease in fat, sugar, sodium, and alcohol and an increase in complex carbohydrates and dietary fiber.
3. The program recognizes the important connection between food and exercise for healthy weight loss.
4. There is a gradual shift from computer-prescribed meals for weight loss to an independent selection of meals for weight maintenance.
5. The program is "action-oriented." You will feel yourself getting stronger each day because you are doing something positive for yourself rather than just thinking about it.
6. The program utilizes the powerful tools of computer-assisted learning. This means:
   a. you have your own personal computer counselor who will direct your learning process;
   b. you have instant access to the caloric content of over 700 foods; and
   c. you will frequently be rewarded with graphic feedback on your progress and some nice surprises.
7. While you are losing weight, you will be learning about yourself. This book contains a wealth of accurate, up-to-date information on nutrition, psychology, and staying well.
8. If you stay with us until you reach your goal, you will be well-prepared for facing the day-to-day challenges of long-term weight maintenance.

With *The Original Boston Computer Diet*, you will be actively involved—thinking, planning, learning, making decisions, and, ultimately, taking responsibility for your own future. So forget your past failures and get ready to establish a healthy relationship with your body, with the help of your own personal computer counselor.

USING THE PROBLEM-SOLVING APPROACH TO CHANGE BEHAVIOR

The Original Boston Computer Diet uses a special problem-solving approach for promoting healthful changes in behavior. Here is an outline of that approach:



Step 1: Observe Behavior

The first step is the information-gathering phase. Before your counselor can see behavior patterns that need attention, he or she needs to know who you are, what you do, and what your goals are. Such background information is obtained through questionnaires dealing with health, nutrition, and behavior. You, too, should ask yourself some questions about who you are and who you want to be.

Another important source of information for the counselor is the Food Reporting System, where you will record your intake and give other pertinent information.

Step 2: Define Desirable and Problem Behaviors

Using the information gathered in Step 1, you and your computer counselor will go to work compiling facts, plotting patterns, and eventually, making assessments.

Step 3: Set Goals

The only way to measure progress is to compare your work against a standard. With this program you set realistic goals with your computer counselor's guidance.

Step 4: Develop Strategies

Once goals are established, you need a plan of action for achieving your goals. We will use a number of techniques to help you stick to your new diet, such as help you develop good attitudes and suggest alternative activities that can help bring about changes in your eating behavior.

Step 5: Monitor Progress

There is nothing like the truth to help you stay focused on your goals. Your computer counselor will provide you with a lot of data to help with this phase. Based on your daily reports of food intake, your counselor will supply you with feedback on your caloric intake, diet composition, and weight patterns.

Step 6: Make Necessary Changes

Armed with your counselor's progress reports, support, and guidance, you have the power to *change* your eating and activity patterns.

Step 7: Successfully Achieve Your Goals

If you carefully follow Steps 1 through 6, you will finally reach SUCCESS. If you falter, you can easily start again. Your counselor is there for support and encouragement—all the way.

THE IMPORTANCE OF REPORTING FOOD INTAKE

At some point in your dieting history, you may have tried to record your food intake in a food diary. If you did, chances are that you

- recorded mostly on "good" days and skipped recording on "bad" days; and
- soon grew tired of the activity.

Sound familiar? Chances are also good that you were not well informed concerning the purpose or benefits of keeping food records, and you probably received very little reward for persisting with such a tedious task. Well, your computer counselor is going to help you use your food data in a new and exciting way. The records you provide will result in meaningful feedback. But before you begin, let's go over a few points.

First and foremost, food recording is the only way to *objectively* assess:

- your total caloric intake
- the nutritional value of your food selections
- how particular behaviors or emotions can sabotage your weight-control efforts

Armed with this information, you can begin to control your actions and not vice versa.

Second, your computer counselor realizes how difficult it is for you to face an explicit record of what you've been eating. He or she sympathizes but will also insist that you persevere. An awareness of your eating problems and caloric intake is the first step to healthy, long-term weight loss.

Third, your efforts will not go without notice. Your food intake records will be stored on disk, and you will be provided with regular feedback on your caloric and nutritional intake and weight-loss progress.

TIPS FOR ACCURATE FOOD REPORTING

TIP 1. Pay attention to what you eat. This may sound obvious, but it's harder to do than you think. Notice each and every food item. Take a moment to think about the number and size of your portions.

We strongly recommend that you actually measure the size of your portions for anything eaten at home. This will sharpen your eye so you can make accurate estimates of portions served when you eat in restaurants or at friends' homes.

TIP 2. Also notice the environment or setting of your food intake. What cues or stimuli preceded your eating? For example, did you eat because of the time of day or what you were doing? Who was with you? Did you eat after experiencing uncomfortable feelings of stress, guilt, or depression? Later in the program, we will try to identify your personal food cues and develop a strategy to alter your responses to them.

TIP 3. Keep a written record of each meal and snack. Although using the Food Reporting System is much faster than recording by hand, you can't take your computer everywhere you eat! Make notes throughout the day. These can then be used to supplement your memory when it is time to report food intake on the computer. We have included sample forms for such notetaking at the end of this manual.

TIP 4. For most people, the best time to enter food intake in the computer is immediately after the evening meal.

If you are making and keeping regular appointments with your computer weight-loss counselor, Food Reporting will come up in the normal course of each session after the second. You can also select Food Reporting from the Main Menu any time you want to use the program.

TIP 5. If at all possible, reporting should be done at least once a day. Users who do not have daily access to a computer may have to report less frequently. Do not try to report meals more than two days in the past from memory. Your records will almost certainly be incomplete. Memory lapses are a problem even for meals more than 24 hours past. The ideal solution is to keep written records between your computer sessions using photocopies of the forms supplied in this manual.

This is the end of your first reading assignment. At your next session on the computer, we will help you report a meal in a step-by-step tutorial.

IF YOU ARE PREGNANT

Congratulations! Pregnancy is a wonderful time to be nutritionally conscious for both you and your baby. It is *not* a time to lose weight. Women who eat improperly or gain insufficient amounts of weight during pregnancy have a greater chance of having a low birth weight baby.

Use this program only to count calories and make your own meal plans, but *do not* attempt to follow any of our prescribed meal plans. See your doctor and/or dietitian for advice during this important time.

IF YOU ARE BREAST-FEEDING

We commend you on your decision to breast-feed your baby. It is the *best* form of nourishment for your child. It facilitates a close mother-child bond, and, by increasing your calorie expenditure, it helps get you back into shape after delivery.

The Original Boston Computer Diet is nutritionally balanced for most adults, but it does not accommodate the increased calorie and fluid needs of breast-feeding mothers. In general, women who are breast-feeding require two to three times the milk servings that are included in the program's meal plans, adding approximately 350–400 calories. Therefore, use the Food Reporting and Meal Planning systems only to help you count calories. Follow your doctor's advice concerning your diet.

When you have completed feeding your child, then you can restart the program.

IF YOU HAVE DIABETES

As you probably know, diet plays a central role in the proper management of diabetes. Diet can affect both blood sugar and medication schedules.

This means that you need some personal medical advice on the issue of weight loss. Your computer counselor will help you make a printout of a letter that describes our diet and program to your doctor or dietitian. You can also print the letter yourself by selecting "Unfinished Business" on the Main Menu and then selecting "Letter to Doctor/Dietitian."

GET MEDICAL APPROVAL PRIOR TO STARTING THIS DIET PROGRAM!

IF YOU HAVE SYMPTOMS OF HYPOGLYCEMIA

Your physician or dietitian is the final authority on the topic of how to treat your symptoms. In general, dietary changes recommended often include:

- avoiding sweets (candy, pastry, jelly, etc.)
- avoiding alcohol
- distributing your food intake over several small (5–6) meals each day

These guidelines are intended to prevent excessive insulin and other hormone output in response to sudden nutrient absorption. *The Original Boston Computer Diet* supports the avoidance of both sweets and alcohol. But the meal plans provided in the program distribute food over three meals because this has been shown to work best for most people on weight-loss diets.

Check with your doctor or dietitian before you begin using the program's meal plans.

IF YOU USE PURGING FOR WEIGHT CONTROL

You may need some professional guidance. Aside from being ineffective and physically dangerous, this practice is very unhealthy for you emotionally.

If you have tried these techniques only a few times, discontinue them immediately. If you chronically use this practice to control your weight, we strongly recommend that you contact your physician, dietitian, or a mental health professional for help in discontinuing this practice. DO NOT DELAY. IT COULD BE VERY HARMFUL TO YOUR HEALTH!

IF YOU USE FASTING FOR WEIGHT CONTROL

Fasting is *not* a healthy or recommended practice for weight control. It causes your body to dehydrate (lose necessary fluids and minerals) and lose lean body mass (muscle) rather than strictly fat. The end result is a "false" weight loss, with pounds that return when you resume eating. If you chronically fast to maintain a low body weight, you could be seriously endangering your health.

Aside from the physical dangers, fasting does not teach you how to eat properly to maintain a lower body weight. We strongly recommend that you talk to your physician, dietitian, or a mental health professional about this practice.

How To Be a Goal Getter

How often have you thought

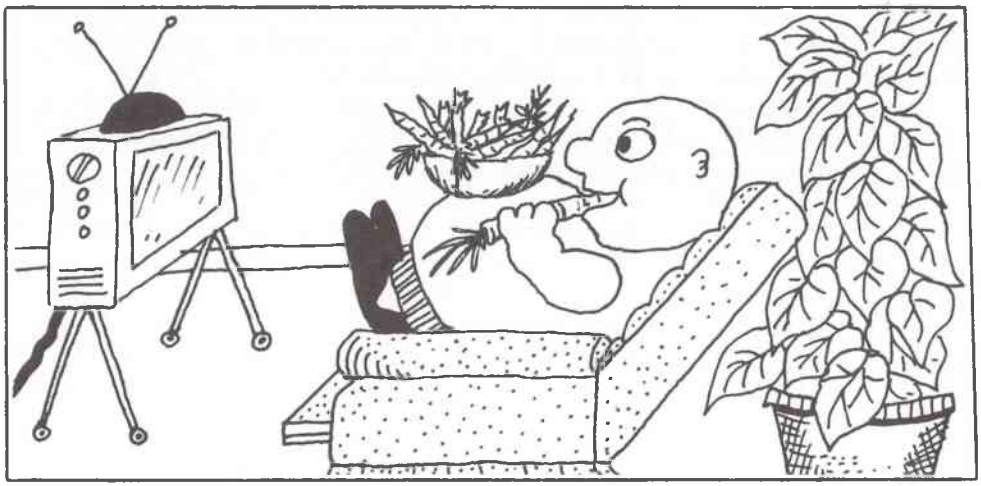
- I wish I could wake up 30 pounds lighter
- I wish I could eat whatever I want and maintain my weight
- I wish I could have a toned body without having to exercise
- I wish I could look like *that* in my jeans

and felt totally frustrated with yourself and your pipe dreams? Much of your frustration is in knowing that these wishes are impossible to attain.

Just as it's impossible to become a tennis star without ever having played the game, becoming thinner without knowledge, commitment, and work is impossible. Many overweight people feel overwhelmed by the hopelessness of their situation and throw up their hands in despair.

GETTING YOUR WISH

Never fear. All things in life (or most) are possible to attain once you've established a healthy mindset and a realistic plan of action. With a new,



successful, action-oriented mindset, doing and achieving will replace wishing.

Compare these two mindsets:

1. "It's already April, and I'm still 20 pounds too fat for my summer clothes."
2. "If I lose just 2 pounds a week, I'll fit nicely into my summer wardrobe by June."

Statement #1 would depress any dieter. Statement #2, on the other hand, is quite positive. It is hopeful and action-oriented and includes short-range manageable goals.

Setting realistic goals is important for those who want to accomplish major feats (one small step at a time). Weekly (or daily) goal setting keeps you on track—focused on today—and gives you a feeling of being successful even before you've achieved your ultimate long-range goals.

WHAT ARE APPROPRIATE GOALS FOR WEIGHT LOSS?

Once you have the proper mindset, the next step is learning how to be a realistic goal setter. We feel it's important for you to know how we figured your caloric needs, and that means you will need to know a little "fat math."

Figuring Your Fat Math: Facts to Remember

1. The calorie is the unit used to measure the amount of fuel in the form of chemical energy our bodies use (burn) for activities such as growth and movement. Calories are supplied in the form of carbohydrate, protein, fat, and alcohol. Our daily food intake supplies us with a constant source of caloric energy to enable us to function. Consumption of calories beyond what we burn each day are stored in the form of fat. If we eat less than we consume, whatever fat is available is burned.
2. A pound of human fat contains 3,500 calories of stored energy (more

on this later). Here is the equation:

(calories consumed − calories burned) ÷ 3500
= pounds of fat lost or gained

Even though loss of body fat requires that caloric consumption be less than expenditure, it is not healthy to carry this too far. If caloric intake is too low, you will lose weight by losing "lean body tissue" along with fat. This is dangerous and undesirable for several reasons (including rapid weight regain when food intake increases). Instead, you need a caloric level low enough to produce weight loss but high enough to prevent loss of vital tissues.

Determining Your Baseline Calorie Needs

The first step in figuring out your body's caloric requirements is to assess your activity level. Which of the following best describes your lifestyle:

Sedentary: Includes normal activities of daily living (avoids stairs/ walking.)

Moderate: Sporadic aerobic activity (weekend athlete).

Active: Regular aerobic activity (up to 30 min. 3 times per week).

Very active: Competitive training (over 30 min. 4 times per week).

Factors that increase calorie consumption are:

- young age
- male sex
- height
- weight
- large body build
- active lifestyle (this is a *major* factor)

Information about your activity level combined with your sex and current body weight can be used to devise a pretty good estimate of how many calories you must be consuming to maintain your current weight. The following table shows approximately how many calories per pound of body weight are consumed by different types of people.

TABLE 1. DAILY CALORIE CONSUMPTION PER POUND OF WEIGHT

ACTIVITY LEVEL	MALES	FEMALES
Sedentary	12	11
Moderate	13	12
Active	14	13
Very Active	15	14

Examples

1. If a 160-lb person were female and moderately active, she would require (i.e., have to burn) approximately 1,920 calories per day to maintain her weight: 160 lbs. × 12 calories/lb. = 1,920 calories.
2. On the other hand, a 200-lb. man who was sedentary would require approximately 2,400 calories per day to maintain his weight: 200 lbs. × 12 calories/lb. = 2,400 calories.

"Wait a minute!" you say. "I know I don't eat that much! I don't gorge, yet I gained ten pounds this past year. I feel that if I even *look* at goodies, I will gain."

Sound familiar? You're right! You don't have to gorge to gain. Consider this: If you consumed just 100 calories more than you needed each day, you would gain one pound of fat every 35 days (35 × 100 = 3,500 calories, or one pound of fat). And that adds up to a whopping 10 pounds per year.

A hundred calories can sneak into your diet very easily—two pats of butter, one small handful of nuts, ten French fries, one large oatmeal cookie, etc. Fortunately, this arithmetic works in reverse, so you don't have to starve to lose weight.

Determining Calorie Needs for Weight Loss

Since 3,500 calories equals one pound of fat, how many calories would you need to cut down from your maintenance level to lose one pound of fat per week?

Well, since there are seven days in a week, you must reduce your regular caloric intake by one seventh of 3,500, or 500 calories per day. (Easy to say, right?)

In order to lose two pounds of fat per week, you would need to reduce your *daily* caloric intake by 1,000 calories below your current consumption:

$$3{,}500 \text{ calories} \times 2 \text{ pounds} = 7{,}000 \text{ calories}$$

$$\frac{7{,}000 \text{ calories}}{7 \text{ days}} = 1{,}000 \text{ calorie reduction per day}$$

But there's yet another piece to this puzzle of determining caloric needs. Recent, preliminary research findings indicate that some people experience a *reduction* in caloric needs following a yo-yo pattern of weight gain and loss. These individuals may require fewer calories to maintain their weight than these tables suggest. However, to counteract this adaptation to chronic dieting, it is generally recommended that a consistent level of activity be maintained rather than reduce calories to an unhealthy degree.

BODY COMPOSITION

For people who are already at "ideal weight," the major components of the body are distributed in the following proportions:

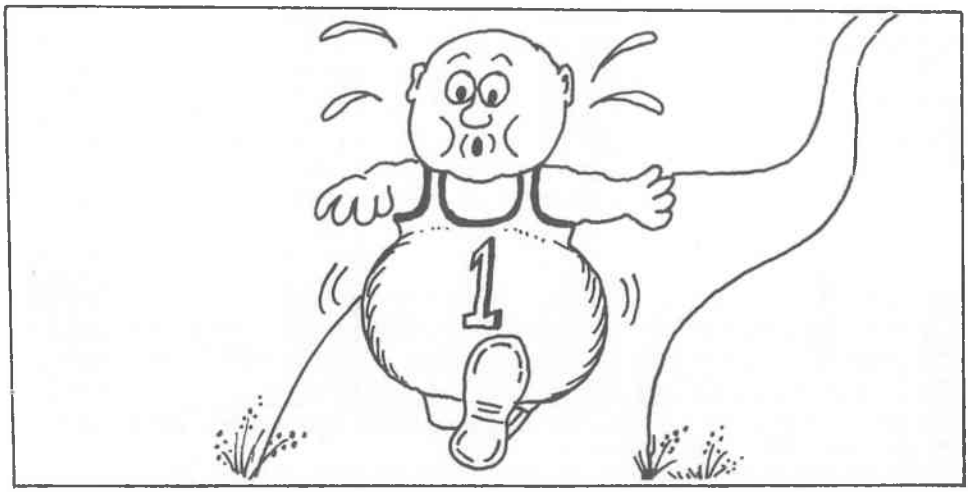
40% lean body mass (muscle, organs, and gristle)

25% fluid outside the body's cells (blood, lymph)

15% skeleton

20% fat tissue

Water is one of the major constituents of the body. Different tissues contain differing quantities of water. Overall, water makes up about 60% of the body's weight. Because it constitutes so much of our total weight, minor shifts in fluid balance can cause major fluctuations in weight.



This is an important point to remember when you're assessing your weight-loss progress. All reducing diets initially cause a loss of body water. On a well-designed reduction diet, however, this stabilizes, and weight loss then occurs from loss of fat.

Purposely attempting to dehydrate for rapid weight loss is foolish, since the weight reduction is only temporary! Because it is undesirable to lose fluid and muscle, the logical body component requiring reduction is FAT. In fact, the scientific definition of obesity is excess of body fat. There are several methods for determining precisely how much fat a person has, but these aren't practical for personal use. A reasonable alternative is to use a table listing desirable or ideal weights.

TABLE 2. DESIRABLE WEIGHTS FOR MEN AGED 25 AND OVER*
(in pounds according to height and frame, in indoor clothing)

HEIGHT+ FEET	INCHES	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
**5	0	104-111	110-121	118-130
**5	1	110-118	116-130	125-135
5	2	112-120	118-129	126-141
5	3	115-123	121-133	129-144
5	4	118-126	124-136	132-148
5	5	121-129	127-139	135-152
5	6	124-133	130-143	138-156
5	7	128-137	134-147	142-161
5	8	132-141	138-152	147-166
5	9	136-145	142-156	151-170
5	10	140-150	146-160	155-174
5	11	144-154	150-165	159-179
6	0	148-158	154-170	164-184
6	1	152-162	158-175	168-189
6	2	156-167	162-180	173-194
6	3	160-171	167-185	178-199
6	4	164-175	172-190	182-204
**6	5	168-178	175-195	187-220
**6	6	173-185	183-200	193-225

*Prepared by Metropolitan Life Insurance Co.; data derived primarily from Build and Blood Pressure Study, 1959, Society of Actuaries.
+Height in shoes with 1" heels.
**Extrapolated.

What is "ideal" body weight? Figures concerning height and weight in the tables given here are based on the relationship between weight and survival. The ideal weight listed is the average weight for people with the longest survival in each body-build category when a large number of individuals were observed over time.

In other words, your ideal body weight is the weight at which you can maximize your life expectancy. It is also *assumed* that the body composition of persons at ideal weight is "normal," or ideal.

You may be aware that the above table is not the most recent one. It is the original, 1959 version. A number of obesity specialists, including

TABLE 3. DESIRABLE WEIGHTS FOR WOMEN AGED 25 AND OVER*
(in pounds according to height and frame, in indoor clothing)

HEIGHT + FEET	INCHES	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
**4	7	86-90	88-96	94-103
**4	8	88-93	91-99	97-108
**4	9	90-95	93-104	101-115
4	10	92-98	96-107	104-119
4	11	94-101	98-110	106-122
5	0	96-104	101-113	109-125
5	1	99-107	104-116	112-128
5	2	102-110	107-119	115-131
5	3	105-113	110-122	118-134
5	4	108-116	113-126	121-138
5	5	111-119	116-130	125-142
5	6	114-123	120-135	129-146
5	7	118-127	124-139	133-150
5	8	122-131	128-143	137-154
5	9	126-135	132-147	141-158
5	10	130-140	136-151	145-163
5	11	134-144	140-155	149-168
6	0	138-148	144-159	153-173
**6	1	142-152	148-163	157-178
**6	2	146-156	152-167	161-183

*Prepared by Metropolitan Life Insurance Co.; data derived primarily from Build and Blood Pressure Study, 1959, Society of Actuaries.
+Height in shoes with 1" heels.
**Extrapolated.

the authors of this program, feel that the new, more "liberal" tables merely reflect a fatter population and should not be a desirable weight guide for dieters.

Ideal-weight tables typically provide weight ranges based on frame size or body build. There are a variety of ways to determine frame size, such as guessing, or measuring ankles, wrists, or shoulder width. One simple technique is the measurement of elbow width. If you are over age 18, you can check the chart on the next page to find your frame size.

TABLE 4. APPROPRIATE FRAME SIZE

Height in 1" heels	Elbow width**		
Men	Small	Medium	Large
5'2"–5'3"	less than 2½"	2½"–2⅞"	greater than 2⅞"
5'4"–5'7"	less than 2⅝"	2⅝"–2⅞"	greater than 2⅞"
5'8"–5'11"	less than 2¾"	2¾"–3"	greater than 3"
6'0"–6'3"	less than 2¾"	2¾"–3⅛"	greater than 3⅛"
6'4"	less than 2⅞"	2⅞"–3¼"	greater than 3¼"
Women	**Small**	**Medium**	**Large**
4'10"–4'11"	less than 2¼"	2¼"–2½"	greater than 2½"
5'0"–5'3"	less than 2¼"	2¼"–2½"	greater than 2½"
5'4"–5'7"	less than 2⅜"	2⅜"–2⅝"	greater than 2⅝"
5'8"–5'11"	less than 2⅜"	2⅜"–2⅝"	greater than 2⅝"
6'0"	less than 2½"	2½"–2¾"	greater than 2¾"

*Prepared by Metropolitan Life Insurance Co. Health and Safety Education Division.
**To make an approximation of your frame size, extend your arm and bend the forearm upward at a 90 degree angle. Keep fingers straight and turn the inside of your wrist toward your body. If you have a caliper, use it to measure the space between the two prominent bones on either side of your elbow. Without a caliper, place thumb and index finger of your other hand on these two bones. Measure the space between your fingers against a ruler or tape measure. Compare it with these tables that list elbow measurements for medium-framed men and women. Measurements lower than those listed indicate you have a small frame. Higher measurements indicate a large frame.

Use this information to find your ideal body weight in the Metropolitan Table. Circle the number, but keep in mind that these are *averages*. Your *personal* ideal weight may be higher or lower. Within reason, we will try to help you set a target weight that you feel good about.

If you recognize the difference between losing weight (which includes water and muscle loss) and losing fat, you are almost ready for your next session on the computer.

But you might be wondering at this point how we will use the facts we have talked about in this chapter in *The Original Boston Computer Diet*. Here's a sampling of what's to come:

1. In your next session on the computer, we will perform the calculations discussed here and pick out one of four reduced-calorie diets, the one that best fits your weight-loss needs.

2. You will be encouraged to use the Food Reporting System to obtain important information concerning the caloric content of food and your daily progress.
3. You will be encouraged to find ways to (gradually) increase your activity level.

WEIGHING YOURSELF

Although *The Original Boston Computer Diet* is a participatory, action-oriented program, focused on lifestyle change for long-term weight management, the scale is still the almighty barometer of success for most dieters. Thus, this program is designed to store weights and assess weight-loss progress. Rather than concentrate on one or two raw weights, however, your counselor will assess and plot your *weight patterns*. You will have at your fingertips:

—a graph of your actual weight over time in relation to your goals
—a curve that eliminates sudden fluctuations in weight (usually caused by fluid retention or dehydration)
—an expected "weight trend" based on your caloric intake

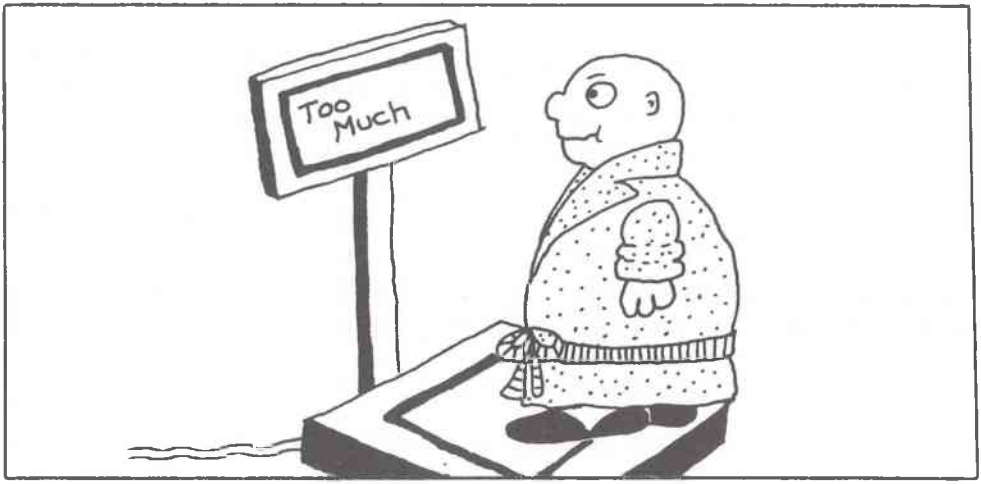
Since you'll be reporting your weight frequently, here's a suggested weigh-in process:

1. Adjust your bathroom scale to zero.
2. Weigh yourself only *once per week*.
3. Weigh yourself at the same time of day each week.
4. Disregard any factors that you think might have affected your weight—i.e., you just had two or three glasses of water, you feel bloated, you feel sick, etc. Report your exact weight as shown on the scale at the appointed time on the day you weigh in.

Many people turn weigh-ins into semi-religious rituals. They remove all clothes, jewelry, false teeth, etc. They exhale deeply prior to getting on the scale. They cut hair and nails.

This type of preparation is silly. Over a few months, the variation in an ounce or two is meaningless.

Remember: The scale can be a reasonable indication of weight-loss progress, but if taken out of context with your eating behaviors, activity program, and overall feelings about meeting your goals, it can work against you. And if you weigh yourself too frequently, you could be deceived by the normal fluid shifts your body experiences when dieting.



You Are What You Plan

Plan (v.): To formulate a scheme or program for the accomplishment or attainment of; to have a specific aim or purpose.

There are action plans, program plans, plans of attack, financial plans, party plans, and—meal plans! Get the idea? To successfully accomplish a task one needs to plan!

Meal planning is a key component of successful weight loss and maintenance. With planning you can ensure a varied, balanced diet. With smart planning it is practically guaranteed that you will adhere to your daily calorie targets.

Dieters who resist meal planning because it seems silly or because they are not generally in the habit of making formal plans for anything are more likely to:

1. eat impulsively, responding to a variety of external cues (more on this in other readings);
2. remain unaware of troublesome, but correctable, food-related behaviors;
3. see weight rise and fall in frustrating cycles of dieting and "regular" eating;
4. feel powerless to exert control over their food intake.

Sure, eating should be pleasurable and fun—so is spending money. But if you spend without regard to your income and essential needs, you will probably experience substantial financial troubles down the road. It's the same situation with weight management. If you eat without regard to your caloric intake and caloric needs, you're bound to accumulate unwanted pounds.

The solution? "Budget" your meals! Establish a comfortable framework within which to function, and remain in charge of the situation. (The cash analogy may be a little weak if you are one of those lucky people who never bother budgeting money yet always seem to have enough cash at the end of the month. But then some people never seem to have a problem with their weight, either!)

Throughout your diet program, your computer counselor will be expecting you to plan your meals based on the target caloric intake

suggested in the goal setting dialogue. You will be given specific meal plans to help you get started with this meal planning process. It is important that you use our preplanned menus at first. They were carefully designed to give you a variety of nutritious, healthy foods that in combination add up to your target caloric intake.

After 1 or 2 weeks, you will be ready for greater flexibility in food choices. At that point you will be asked to assume more responsibility for menu planning.

You are encouraged to plan your meals with your computer counselor least a day in advance. In general you will do this after you have reported your food intake for the previous meals. Right from the start, this preplanning process will:

- help you limit impulse eating
- virtually eliminate tempting meal leftovers
- give you practice in valuable new behavior
- (if you are the one who shops) help you organize and structure your food shopping chores.

Following is a description of a very useful mental technique called "Affirmation." It is a proven, effective approach for helping people make their goals more concrete and more achievable. Read it before you go back to the computer to do some meal planning.

AFFIRMATION

We all have our dreams, hopes, and desires. Some people have learned ways to make their goals more achievable. It has been shown that when people

- make up their minds
- are absolutely clear what they want, and
- are sure they will get something,

the path to achievement is easy to follow.

It is only when we are full of fear and doubt that realistic goals seem out of reach. Affirmations are simple statements of what we want for the future, but they are expressed in the present tense. They are straightforward and decisive, simple statements of fact. The future is brought into the present as an accomplished goal. In this way, the mind becomes very clear as to what it wants; it also becomes clear that it will get it.

"I am a success."

This is an example of an affirmation. It is not a wish or hope to be successful. It doesn't have any conditions attached. It is a simple statement of fact.

Make a list of your goals, and instead of stating them as wishes, write them as affirmations. For example, you could write:

"I am at my goal weight and it is easy to maintain it."
"I am assertive and successful."
"This program is working for me."
and so on . . .

You can write affirmations about your social life, financial status, and so on. For the moment, stick to body weight. Keep the list simple and clear.

Twice a day, once upon awakening and once before bed, go over your weight-loss affirmations. Read them slowly and with conviction. If you think it's silly or have doubts about it, that's fine. *Just do it.*

Are You Eating on Cue?

This is the first of two readings on the relationship between environment and food intake. The other section is called "Minding Your P's and Cues" and will be assigned on another day.

We all like to think of ourselves as having free will and being master of our destinies. We must realize, however, that we are creatures of habit, too. The stimuli that trigger our habitual behaviors are powerful. Therefore, as masters of our destinies, learning how to control one's habits is essential!

By using *The Original Boston Computer Diet*, you are participating in an action approach to losing weight. You are preplanning meals, setting manageable goals, reporting food intake, and practicing proven techniques for changing behavior and mindset. The reason for practicing these behaviors is simple. This is *not* a willpower diet.

Willpower diets don't work because habits are stronger than willpower. We must *change* unhealthy habits, or they will patiently wait and sooner or later reassert themselves.

Behavior modification is the discipline of forming new habits. Habits are formed through constant repetition, rewards, and goal-oriented planning. You like to eat in the late afternoon for one simple reason—you've been doing it for years! You may not want to do it, but there it is—a deeply ingrained, repetitious pattern that is hard to break. However, if the habit is not attacked along with the extra pounds, with time both will creep back.

Throughout this program, you will be receiving feedback about your eating patterns and recommendations for modifying behaviors. This section will describe how to make positive lifestyle changes and how to identify factors that influence your eating patterns.

The problem-solving approach is an effective one for breaking old habits and making positive behavioral changes. Here's the general procedure you will follow:

1. Observe behavior
2. Define desirable and problem behaviors
3. Set goals
4. Develop strategies

5. Monitor progress
6. Make adjustments

The first two steps are critical for effecting behavioral change. In essence, you need to know *what* you're doing before you can change it. Food Reporting provides the information you need to understand your habits related to food. These records document when you eat, where you eat, what mood you're in, and how much you eat. You can then plot patterns to assess how these factors affect your intake.

Environment plays a critical role in behavior. We, in turn, can do much to control our environment. Although environmental stimuli are powerful, we have the ability to either avoid a stimulus or learn to cope more effectively with it.

Studying eating patterns can provide us with insight into our food habits and cues that signal eating. Examine your food records and ask a few probing questions, such as

WHEN DO YOU EAT?

- As soon as you enter the house (even before your coat comes off)
- In the morning, afternoon, evening (what time)
- Once a day, 3 meals per day, all day long
- While reading, watching TV, working, driving

Explore the effect of time of day on your food consumption. Become familiar with the relationship between non-food activities and eating.

WHERE DO YOU EAT?

- Kitchen, dining room, living room
- Office, car, friend's house
- Restaurants

HOW DO YOU EAT?

- Standing, sitting
- Rushed, between interruptions

- Until you're full
- Feeling guilty, tired, angry, frustrated

Once you've identified habits around food, then explore habits while eating:

- At what pace do you eat? (fast, slow)
- Do you usually clean your plate?
- Do you have common meal accompaniments? (wine, dessert, gravy)

Now that you know about your eating patterns, find the problem habits. Do something about them right now. Don't just read along and nod. This is an action program, remember? Get out a pencil and make some notes on your personal food cues. For instance, note down inappropriate eating behaviors (i.e., eating too fast, unsatisfied eating, always choosing high-calorie snack foods and beverages, etc.) and those habits associated with them.

You have just identified problem times or behaviors where you eat more than you want. Now you are ready to plan and practice a new behavior that will soon replace the problem one. This will be covered in the section entitled "Minding Your P's and Cues."

Minding Your P's and Cues

In the reading entitled "Are You Eating on Cue?," you learned to gather information from your food records, identify patterns, and determine how habits may be products of environmental cues. Today we'll concentrate on planning and practicing alternatives to unwanted eating habits.

Let's examine a few case histories:

THE NIBBLER

Characteristics: Eats all day long—tapping the vending machine, nibbling at her desk—but rarely takes a full lunch break. After work, the nibbling continues at home while making phone calls and completing the day's chores.

What's Happening: This person, aside from not taking any time for herself to relax, is unsure of when and what she eats, let alone the number of calories consumed. There's a continuous intake of snack food (which is generally loaded with calories). Eating is also strongly associated with work, both at the office and home.

Changes Needed: The Nibbler needs to preplan and structure, disassociate and monitor. She needs to:

1. Identify a place to eat at the office and home.
2. Define specific times to eat when no other activities are performed (i.e., 3 to 4 meals per day).
3. Replace snack foods with low-calorie/high-fiber foods from home or a nearby store.
4. Keep accurate food records to increase awareness of intake (this step can work wonders for the Nibbler).

THE PACK-IT-IN'ER

Characteristics: Rarely hungry during the day. Eats no breakfast, only small lunch—maybe a diet soda and a pack of crackers. But around

dinnertime, the hungries start, and supper is a feast. This person eats fast, takes large portions, and finishes only when a "stuffed" feeling ensues. Recovery from this usually occurs in time for a nighttime snack.

What's Happening: This person probably feels perfectly justified in having a big meal because he hasn't eaten all day. Unfortunately, the amount of food (and calories) consumed from dinnertime to bedtime still exceeds his needs, because of a lack of attention to internal signals of fullness. This fellow feels true hunger by day's end and dives in from there, eating ravenously.

Changes Needed: The Pack-it-in'er must slow down and spread out. He needs to:

1. Plan meals throughout the day rather than fasting, so as to avoid overwhelming hunger in the evening.
2. Consider food portions carefully at each meal to get better control over caloric intake.
3. Slow down the pace of eating so as to feel fullness before the stomach is overextended. He should pause between bites and make the meal last at least 20 minutes.

Got the idea? Now take that list of problem-eating behaviors that you prepared last session and plan positive alternatives for the top three problems. Make sure that your plan is practical and not overly ambitious. Reread the above case examples if you have difficulty planning alternative behaviors.

Be sure to follow through on your plan each day. Remember, repetition is the best reinforcement. Use your food records and calorie graphs to track your progress.

Burning Calories for Fun and Profit

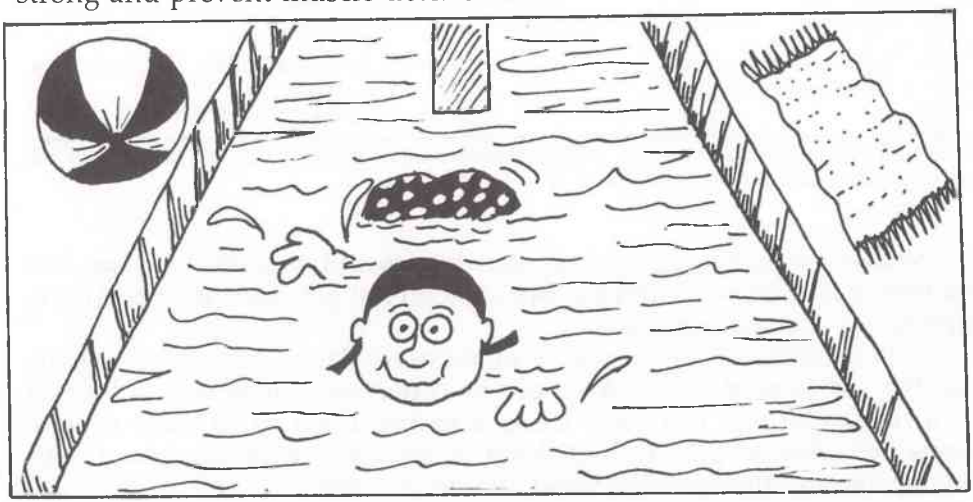
Exercise is as essential to weight control as a reduced-calorie diet. There are numerous benefits to having a regular exercise program. These include:

CALORIE EXPENDITURE. Although not as many calories are burned as you may think during exercise, the calorie expenditure from activity does make a difference over time.

INCREASES METABOLIC RATE. Dieting alone can actually reduce your resting calorie needs. That makes it hard to lose weight. However, aerobic activity not only burns calories but increases your resting calorie needs by up to 15 percent for 8 to 48 hours after exercise. This means that your body requires more calories at rest, resulting in faster fat loss.

HELPS YOU STAY FIT. Dieting alone will help you lose weight but won't give you more energy and "liveliness." Your muscles need a workout!

PRESERVES LEAN BODY MASS. Exercise will keep your muscles strong and prevent muscle deterioration.



IMPROVES CARDIOVASCULAR FITNESS. Your heart is your main muscle, pumping blood, oxygen, and nutrients throughout your body. This muscle must stay in shape, and regular aerobic activity is the key.

DECREASES APPETITE. Moderate exercise can reduce your desire to eat, improving adherence to your reduced-calorie diet.

KEEPS MOTIVATION HIGH. Recent research is pointing to exercise as a major factor in achieving successful maintenance of weight loss. In other words, those who exercise keep their weight off longer!

In case you haven't noticed, we've been speaking of *aerobic* activities. These exercises require oxygen, can be continued for long periods of time, and produce all of the beneficial effects mentioned above.

TABLE 5.

PROVIDE AEROBIC BENEFIT*	DO NOT PROVIDE AEROBIC BENEFIT
Running/Jogging	Weight lifting
Swimming	Golf
Bicycling	Bowling
Aerobic Dancing	Baseball
Walking (4 mph)	Badminton
Tennis (high-level, singles)	Tennis (doubles, low skill level)
Squash/Handball/Racquetball	Calisthenics
Skiing	Contemporary dance

*Although most activities are aerobic, cardiovascular benefit is obtained only if a target heart rate can be achieved and sustained for at least 12 to 15 minutes.

Nonaerobic activities, such as calisthenics and weightlifting, are fine for toning and muscle building. But they do not get your heart pumping sufficiently for our purposes.

Other activities such as golf, contemporary dance, and tennis, *can* be aerobic, are tons of fun, and should be continued. However, to be part of a regular fitness program, these activities need to be done several times per week at a fairly high level of intensity or be combined with one or more of the recommended aerobic activities.

GETTING STARTED

Starting a regular exercise program requires *medical clearance*, especially if you are over 35 years of age, have not maintained a consistent exercise program, or have any medical problems, such as diabetes, hypertension, or heart disease. This evaluation usually involves a medical history, a physical, and perhaps a stress test.

Although accidents during exercise are not terribly common, they do occur—especially in middle-aged people who decide to start on an aggressive program without a gradual build-up. A word to the wise. Get checked, then get started—but slowly!

CHOOSING YOUR EXERCISE PROGRAM

Since you should aim at maintaining cardiovascular fitness as well as a desirable body weight, we recommend that you select one or more activities from the aerobic activity list. Don't discontinue other activities that you enjoy, but rather add aerobics to your present program (if you have one) for maximum benefit.

Speaking of benefits, you'll notice that calorie expenditure is *not* included in the activity tables or in the software. This was intentional! Though some exercise programs concentrate on calorie burning, we feel that the amount burned is insufficient for weight loss and so it is misleading to encourage its use for that purpose.

Programs that stress calorie expenditure undervalue the other essential benefits from exercise we've discussed. You should choose an aerobic exercise program based on activities that you enjoy and can incorporate into your lifestyle rather than selecting an activity just on the basis of how many calories it burns per minute!

Once you've selected an activity, you need to commit to exercising *at least 3 days per week for at least 20 minutes a session*. This is to ensure that you're getting maximum benefit. As you progress and your fitness level improves, you can then alter the frequency or duration of the activity, as you choose.

To eliminate guesswork about intensity of exercise, you should know your heart rate.

DETERMINING YOUR CAPACITY

Part of a sound exercise program is knowing your capacity and your limits. To determine whether you're "under" doing it or "over" doing it, monitor your heart rate.

There are four heart rates of interest: resting, maximal, target, and recovery heart rate. Your *resting heart rate* is just that (prior to activity). Resting heart rate often *decreases* with improved fitness.

Maximal heart rate is the highest level at which your heart is capable of working. (Don't try to measure this on your own!) Although this is best determined with a stress test and ECG, a general formula can be used to determine both predicted maximal and recommended target heart rate. Here it is:

220 minus your age = maximal heart rate

For example, if you were 28 years old:

220 − 28 = 192 beats per minute (maximal heart rate)

Your *target heart rate* is the level appropriate for you—the rate at which you are neither overdoing or underdoing it during exercise. For the best aerobic benefit, we recommend that healthy adults work at *70 to 80 percent of their maximal heart rate.*

Since the recommended heart rate during exercise is 80 percent of maximal, then

maximal HR x 80% = recommended or target heart rate

For the example above, this would be

192 x .80 = 154 beats per minute

Below is a chart indicating both maximal and target heart rate based on age. Remember, you want to work in the target range.

TAKING YOUR PULSE

To measure your heart rate, find the pulse in your wrist using your finger (not your thumb). If you are unable to locate it there, then try the pulse located in your throat below your ear.

Do not count for a full minute. Your heart rate will steadily decline over this amount of time following appropriate exercise. Instead, count the number of beats in 6 seconds and multiply by 10 to give you beats per minute. For example, 15 to 16 beats in 6 seconds x 10 = 154 beats per min.

Take your heart rate five minutes into your activity. If this rate is higher than your calculated target, decrease the intensity of the activity.

TABLE 6. MAXIMAL AND TARGET HEART RATE ZONES

AGE IN YEARS	MAXIMAL HEART RATE (beats per min.)	TARGET HEART RATE ZONE (70 to 85% intensity)
20	200	140–170
25	195	135–166
30	190	133-161
35	185	130-157
40	180	126-153
45	175	122-149
50	170	119-145
55	165	115-140
60	160	112-136
65	155	108-132

About five minutes after completion of your entire activity, check your heart rate again. This is the *recovery heart rate.* If your heart rate is greater than 120 beats per minute, and you're feeling unduly fatigued, perhaps you've overdone it. You may be working your heart harder than you should, and the intensity or duration of your exercise may need to be reduced.

It is not wise to plunge into any exercise nor to immediately stop after exercising. Both are a shock to your body. Instead, prepare yourself

with *warm-ups* and *cool-downs*.

Take five to ten minutes before exercising for a gradual stretch. Concentrate on your legs and calves.

Never stop cold after exercising. Instead, allow yourself to "cool down" by simply walking—and maybe taking a few stretches if you like—for at least five to ten minutes following exercise. Cool downs should continue until heart rate is within 20 beats of resting heart rate.

Be sure to get medical clearance before initiating any fitness program. The recommendations provided here are only guidelines. Because individuals vary, get the green light before you go.

Go slow and build up steam gradually. Do not try to push yourself beyond your capacity. Know your capacity and your limits.

Wear proper attire and pay attention to weather conditions. Slow down on hot, humid days, when you will dehydrate faster than normal.

Recognize your body's signals. If you feel dizzy, nauseated, or lightheaded, you are overdoing it and should slow down. If you experience any chest pains, contact your doctor.

Exercise should be continued and enjoyed for a lifetime. In your next session on the computer, you will be reviewing your present exercise patterns and exploring new exercise possibilities. Making a commitment to exercise is making a commitment to long-term weight and health maintenance.

Self-talk

Our minds never stop. They're constantly feeding us information—whether we like it or not. Our minds also feed us speculations and guesses about the future. Of course, we don't always listen to our minds' chatter. Sometimes we do things that we don't "feel like" doing, don't "want" to do, or "feel bad" about doing.

Our minds think they can tell us the future:

"I've failed so many times before, I can't possibly succeed. I mean, I'll try, but I don't think I can do it."

"If I eat one cracker, I'll eat the whole box. I've done it before, so I'll probably do it again."

"Whenever I feel stress, I eat, so if I begin to feel stress on this program, I'll probably start to eat again."

Amazing predictive powers! The danger here is that these prophesies often become self-fulfilling. How depressing to think that if we've done something before, we'll always be stuck doing it the same way again. But once in a while, your mind's self-talk is wrong. For example, when you first tried to ride a bicycle, you just "knew" it couldn't be done. There was no way you could balance on two wheels.

The point here is simple. The dialogue in your head is OLD STUFF; it's based on memories and has no concept of change or "newness." Part of your mind is dedicated to keeping things as they are.

We invite you to keep your mind, or at least that part that predicts the future based on the past, out of this program. Sure, it will keep on talking. You don't have to listen. Instead, say to yourself:

"What I commit to doing in this program *will* get done."

"I am a success, this program is for me, and any doubts and fears I have will *not* get in the way."

Mood Food

So far in this program, we have concentrated on action—making weight loss happen and developing a positive mindset. Now pause for a moment and ponder something: What triggers eating? Is it hunger? Sometimes. Is it habit? Often. Could it be related to how we feel? Very possibly!

Food and eating serve many purposes beside providing nourishment for the body. Food can be tasty, eye appealing, sociable, comforting, sedating, or refreshing. It can be a reflection of status, a sign of appreciation or love, or can help kill time. Quite simply, your eating patterns are, in part, a function of your emotions and moods.

Here are some situations to consider:

SCENARIO I. You're home alone, it's raining, you're feeling *bored*, so you eat. (Here, food and eating provide activity—possibly companionship.)

SCENARIO II. You had a rough day at work: You're *angry* at your boss for his inconsideration. You finally arrive home and you raid the refrigerator. (Food is comforting, acting as a tranquilizer to calm us down.)

SCENARIO III. You're *tired* after a long day of cleaning the house, carting the kids, shopping for food, cooking, and settling disputes, and when you finally get a moment for yourself, you flop down for a food treat. (Food is a reward, a bit of pleasure in a chore-packed day.)

When we suggest that a connection exists between food and mood, we do not mean that you need to curb your emotions. It means you need to explore how to channel these emotions *away* from eating and *toward* more constructive activites. There are ways to break the bonds between food and mood. One method is the Problem-Solving Approach outlined in "First Things First." Let's review it here.

OBSERVE BEHAVIOR

The first step is to *track* your moods when you eat. If you have been using the Food Reporting System as suggested, you already have data stored for your counselor to work with. If you have not been keeping track of your moods when you eat, it is not too late to begin.

DEFINE DESIRABLE AND PROBLEM BEHAVIORS

The second step is to identify your emotion-related eating patterns. There are two graphs to help you with this step. They are described below. (You may want to look at this section again when your computer is on.)

Graph of Total Calories by Mood

This graph shows the average number of calories consumed each day in different moods. Your highest-calorie moods are not necessarily unhealthy. For instance, if you are happy nearly all the time, your graph will show that most of your calories were consumed in this positive state of mind. (If you never change the mood indicator in the Food Reporting System, all of your calories will be graphed at that mood setting!)

Exercise a little judgment when you use this graph. Take into account the frequency with which you experience each mood. Look for moods that are not your usual state but also have lots of calories. Ask yourself about the specific ways these feelings get translated into eating behavior.

You should also look for moods that are pretty typical for you but have *few* calories. What behaviors or activities are associated with your "low-cal" moods? Do more of these, whatever they are.

Graph of Problem Calories by Mood

This graph depicts only what we call "Problem Calories," which are

rather arbitrarily defined as:

1. Calories from any meal where you consumed more than 130 percent of your target calories (target calories are those prescribed by your computer counselor and are shown in the **SCORECARD** for each meal)
2. Any calories from a snack—morning, afternoon, or evening

This graph was designed so that, generally, the moods with the highest bars will be your "problem-calorie" moods. When you look at this graph, think hard about some actual meals you had when you were in those problem-calorie moods. What were you saying to yourself? How fast and where were you eating?

SET GOALS

In the third step of the Problem-Solving Approach, you should set some goals for your mood-related eating. Remember the main point in the section about how to be a goal getter: *keep your goals realistic.* Instead of saying, "I will never again pig out when I'm nervous," set a goal of cutting the amount of your "nervous calories" for the next week in half.

Go ahead and try it! Pick one or two realistic goals for your food intake during periods when you are in a problem mood. These goals should reflect changes in *behavior,* not moods. We want you to learn to eat right *regardless* of your mood. (Behavior is more easily changed than feelings.)

DEVELOP STRATEGIES

This is where you can get creative. What can you do instead of eating when you feel a bad case of your problem mood coming on? Good, healthy, constructive alternatives abound!

Physical activity is ideal. Take a walk, do stretching exercises, or do house or yard work—all are super substitutes for eating. Get moving the *minute* you feel your problem mood coming on.

Here's a little secret that works for some people. It's called a "Busy List." A Busy List is a list of all of those small and large tasks you have been meaning to accomplish, but just haven't found the time for. Keep your list with you at all times. When you feel the mood-related munchies coming on, get your Busy List out and tackle one of the items. You will feel so pleased with yourself for accomplishing something useful that you will forget about eating. When you are making your list, be sure to include a few activities you enjoy but don't do often enough.

If the thought of actually writing down a Busy List seems silly or compulsive to you, do it anyway. If it helps, what's a little self-consciousness?

MONITORING YOUR PROGRESS

One important way to monitor your progress is to keep an eye on your total daily caloric intake. Each time you report your food intake, your counselor will show you a graph of the past seven days' intake. To focus in on your progress more directly, you can also request a graph of your Total Calories by Mood or Total Calories by Problem Mood. Both are available by selecting Graphs from the Main Menu. Why not check these graphs every week? (But keep in mind that they are only as good as the quality of your food reports!)

Fat

If there is one nutrition fact that you remember, it should be that excess fat will make you fat! Over 40 percent of the calories in the typical American diet are derived from fat. In general, fatty foods are high in calories and low in nutrients. Fat alone yields approximately two-and-a-quarter times more calories than carbohydrates or proteins.

The obvious dietary fats include butter, margarine, mayonnaise, salad dressing, oil, gravy, and cream. The less obvious, or hidden, sources of fat include the marbling in meat, the skin on chicken and turkey, the cream in whole milk and cheese, and the fat used in meal preparation, baked products, and the numerous commercially prepared and packaged foods from snack foods to frozen dinners.

There is presently a controversy regarding the relationship between dietary fats, cholesterol, and heart disease. (The most recent evidence spells bad news for your local hen house.) But, despite the disagreement on specifics, all sides agree that for those who are at risk for developing heart disease and for those persons who are overweight, the total intake of dietary fats must be decreased. The U.S. Dietary Guidelines support this practice by recommending that Americans reduce their consumption of fat to no greater than 30 or 35 percent of total daily calories.

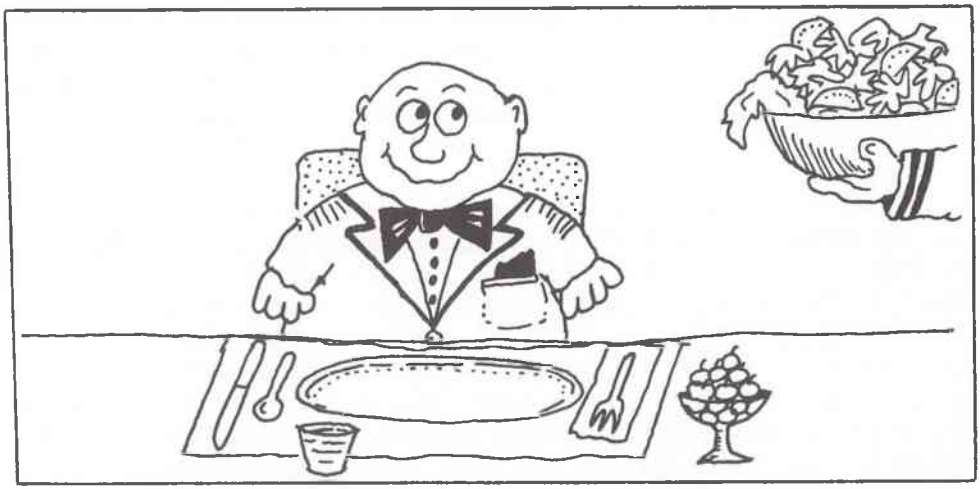
The meal plans and menus used in this program are low in fat. Notice that there are very few, if any, Fat Swaps in the suggested Meal Plans. The recommended foods are also at the lower end of the fatty spectrum in each food group, to help keep hidden sources of fat from sneaking into your diet.

If you are finding that the fat content of your diet is high, we suggest that you review the following checklist and make any necessary changes in your meal planning:

- avoid fried foods (** *very important* **)
- limit high-fat condiments (especially gravy, mayonnaise, sauces)
- choose lean cuts of meat; remove visible fat
- choose chicken, fish, and plant protein (beans, peas, or tofu) instead of red meat

- use low-fat dairy products
- reduce intake of baked goods

Also, start checking ingredient labels on packaged foods. Those listed first are included in the greatest amounts. Recognizing the obvious and hidden sources of fat in your diet and making a conscious effort to change your food selections can have a strong positive effect on decreasing the total fat in your diet—and on your weight.



Eating Out, Not Pigging Out

Restaurants are designed for one purpose—to serve tasty food in an environment and at a price that will have you coming back again and again. There is usually little concern for your caloric needs. Eating out while on a diet requires both a willingness on the diner's part to ask for the acceptable foods and a willingness on the restaurant's part to cooperate.

Although one solution is to avoid eating out, this is not realistic. Your success using this program depends on having realistic goals. Unrealistic goals will quickly frustrate you.

So what do you do? First, if you are going to eat out frequently, know what you are going to order without using a menu. And find an eating establishment that will provide the food you want the way you want it. Give them your repeated business, and let them know why you keep coming back.

Third, *know the dieting pitfalls*. Most calories in restaurants come from fat—steamed vegetables with a scoop of butter on them, broiled fish drowning in oil or butter, salads with gobs of dressings, and so on. Most people are only aware of the obvious fat, such as butter on bread or sour cream on potatoes. But think of how much dressing goes into the tuna or egg salad; how much mayonnaise is spread on the bread; how much butter from the grill soaks into the toasted roll. The bacon may look lean but have surprisingly large amounts of fat, and therefore calories.

Make diet-wise decisions. These include:

1. Avoiding appetizers altogether or selecting a salad, vegetable juice, or possibly boiled shrimp or steamed clams (minus the butter sauce!)
2. Removing the bread and butter or any complementary appetizers or snacks from the table (out of sight, out of mind).
3. Avoiding fats like the plague! Use vinegar or lemon on salads, don't order fried foods, select fish or chicken instead of meat—and hold the butter, gravy, or cream sauce.
4. Sharing large portions with a companion.
5. Trying fresh fruit for dessert if dinner hasn't satisfied you. Yum!

Make sure you spell out exactly what and how much you want, how you want it prepared, and the consequences of not getting it that way. Be assertive. This is not obnoxious behavior. Restaurants get requests like these all of the time.

If you are not used to being assertive when eating out, if you are embarrassed about being on a diet, or if you feel that the waiter will be upset by your requests, then

1. Read (or reread) the chapter entitled "Self-Talk."
2. Read (or reread) the chapter entitled "Assert!". Then practice being assertive in front of the mirror or with a friend.
3. Don't eat out until you can handle it.

Dieting Under the Influence

Alcohol—it's associated with holiday cheer, romantic dinners, block-party blasts, and drowning the blues. Quite a versatile beverage, wouldn't you say? Much of alcohol's popularity, though, is due to the fact that it is a depressant drug, with a direct effect on the central nervous system as well as on organs such as the liver and heart.

Alcoholic beverages are generally high in calories and provide few nutrients. In fact, alcohol yields 7 calories per gram, which is almost twice that provided by carbohydrate and protein and slightly less than fat. For heavy drinkers, the calories from alcohol replace nutritious foods, often leading to protein, vitamin, and mineral deficiencies.

Chronic, excessive alcohol consumption causes numerous health problems, such as cirrhosis of the liver, cardiac failure, and a host of symptoms related to malnutrition. Cancer of the mouth and throat are also more common in people who drink.

For the moderate social drinker who is interested in losing and/or maintaining weight, alcohol may actually sabotage weight-management efforts. If alcohol alone adds significant calories, think about consuming those fancy sweet drinks such as eggnog, pina coladas, and so on.

In addition to the high caloric content, consider the drug effect of alcohol. Alcohol consumption will reduce inhibitions and temporarily stimulate the appetite. This too often results in a gradual dismissal of carefully cultivated skills for managing intake. Those little snacks at the bar (generally high-calorie foods) are often followed by a big, high-fat restaurant meal or a midnight raid on the refrigerator.

During your weight-loss program, we suggest that you take a holiday from alcoholic beverages. Later, when you exchange your reduced-calorie diet for weight maintenance, limit intake. Choose instead:

- Ice water, seltzer water, or club soda. You can add a lemon, lime, or orange wedge, or mix in some fruit juice (i.e., cranberry or orange).
- Virgin Mary (Bloody Mary without the alcohol)

Remember, weight management requires lifestyle management, and curbing alcohol consumption will be beneficial to you in many ways.

20 Ways to Underreport Your Food Intake

This section is for dieters who are using the Food Reporting System, but may be supplying incomplete reports. Underreporting food intake is a common problem and a serious one because it can set you up for the frustration of unmet expectations.

Study this list of common food reporting slipups, and check off those that pertain to you. Then, see our recommendations and plan an approach to change.

- ☐ Reporting only on "good" days
- ☐ Forgetting between-meal snacks
- ☐ Omitting calories in beverages
- ☐ Failing to count foods not in the data base
- ☐ Forgetting little "treats" (i.e., mints, hard candy)
- ☐ Forgetting to include condiments (fats, sauces, etc.)
- ☐ Forgetting to account for fat in meal preparation
- ☐ Omitting calories in relatively low-cal foods
- ☐ Omitting alcoholic beverages
- ☐ Forgetting snacks eaten along with alcoholic beverages
- ☐ Losing track of nighttime snacks

If any of the above apply to you, go to "Everything Counts," following the checklists.

- ☐ Underestimating food portions because you are guessing
- ☐ Careless or sloppy measuring of weights or volumes
- ☐ "Cheating" the measuring cup by overfilling
- ☐ Eating all of the large portions served in most restaurants

☐ Using a heavy hand when serving yourself high-fat condiments (dressings, sauces, gravies, spreads, etc.)

If any of the above apply to you, go to "Portion Problems."

☐ Relying on memory for meals 24 or more hours old when you report food intake

☐ Spotty or inconsistent record keeping

☐ Frequent impulse eating (no structure, menus, or game plan)

☐ Keeping goodies around the house

If any of the above apply to you, go to "Planning Helps Reporting."

EVERYTHING COUNTS

Sometimes it is painful to see in print what you've eaten, especially if the reality is inconsistent with your dieting commitment. In response to this conflict between goals and actions, some people inadvertently or purposely fail to report certain foods. This minor denial or omission would be fine if it didn't catch up with you. But if you are eating more than you think, then you will lose less weight than you expect. A simple solution to this food reporting discrepancy is:

- Record everything that crosses your lips
- Forgive yourself for overeating or eating the "wrong" foods, but report them anyway
- View your food records as an ally, a tool you use to help reach your weight-loss goal

PORTION PROBLEMS

Whether you like it or not, the portion size of a food is *directly* related to its calorie content. It is, therefore, not weight-wise to think:

"Oh, this food is low in calories so I can eat all I want."

or

"Oh, that food is fattening—I can't touch that!"

These statements illustrate a typical all-or-nothing fat mentality. Instead, try thinking thin and budget your calories.

It is possible (and common) for people to overdo it with relatively low-calorie foods. Fruits are a common example. At the same time, you can certainly enjoy roast beef, avocados, or ice cream on a weight-loss diet, as long as the portion size and frequency of these foods is in keeping with your target calorie intake.

When you reach your weight goal, you will have more calorie flexibility. But until then, you're concentrating on weight loss, so . . . cut down those food portions!

PLANNING HELPS REPORTING

Food records will be of little use to you if they're not kept regularly and accurately. But in order to ensure good food records, you'll need to structure your eating and be prepared to document your intake at the time of eating. It is a good idea when you write a check to record the check number, payee, and amount right away. Food reporting is a parallel situation. You're more likely to lose track if you don't keep track when you eat. If you have provided some structure for your eating by pre-planning meals, you will find reporting a breeze. In the Food Reporting System, you won't have to do a thing if you ate what you planned. As a dieter with limited calories available, you must plan your meals, record your intake, and avoid tempting yourself with high-calorie foods. Food reporting is a necessary component of sensible, successful weight loss. You've got to know yourself and know how many calories you consume so as to gain control over your eating behaviors. Take a good hard look at your eating patterns and food reporting habits, and try to make some positive changes starting right now.

Slimmaging

So far, this program has focused on action rather than thinking—the difference between letting our thoughts run our lives or doing what needs to be done regardless of our thoughts. In this reading, we will look at how we can change our thinking so that our actions and our thoughts can become more aligned. The technique for today's discussion is called *imaging*.

We initially addressed this technique in the "affirmations" reading—another example of mental conditioning. The more you tell yourself, "I am a success," the more you will believe it and become successful. We will expand this concept to include all situations that are, or can be, disruptive to the diet.

First, let's take a look at some possibly troublesome situations for your weight-loss plans (either those that may have already occurred or those that are soon to occur). Copy down those that apply to you, then add some to the list from your personal experiences.

1. Last month, I attended a dinner for a friend. I was supposed to be on a diet, but when they served the cheesecake, I couldn't resist.
2. Tomorrow, my boss is taking me out to lunch at a fancy place. I just know I'll blow my diet.
3. My parents are coming to visit next weekend—enough said.

Write out as many additional scenes as come to mind. Make the list long, detailed, and meaningful to you. Now, rank the items on the list—the most troublesome or frequent on top and the least troublesome closer to the bottom.

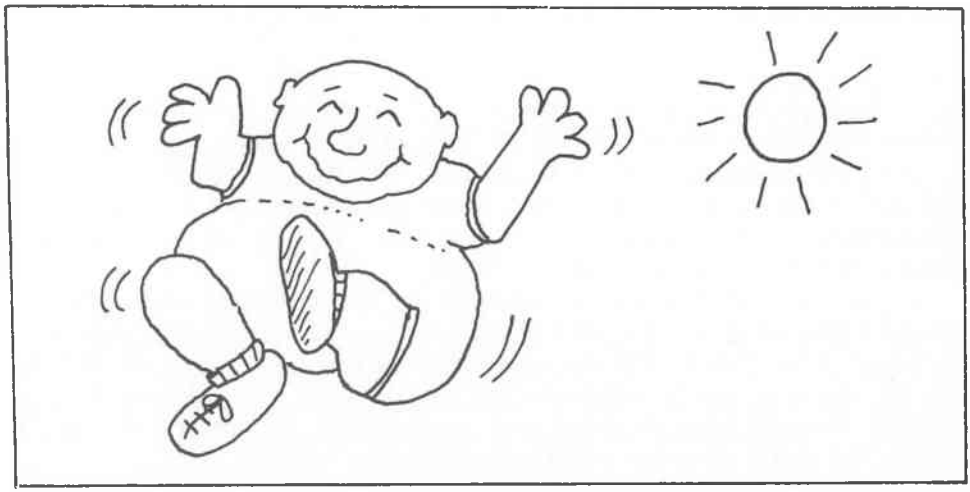
Pick the first item, close your eyes, and imagine yourself in the scene in the present. Remember, *you are a slim person,* committed to weight loss. Say to yourself, "I am a success." Now picture how successfully you will handle the situation. For example: *The dessert is being served. It looks good but I've eaten my quota of calories for today. Hmmmm! Oh well, it doesn't look that good anyway—probably loaded with sugar and fat. It feels good being slim and healthy. I think I'll go join the dancing group in the other room.*

Now, you do it. In fact, try this exercise three to five times per day.

It shouldn't take more than three minutes each time. You can do this for tonight's meal, tomorrow's lunch, etc. Just picture yourself successfully coping with any situations as they occur. Imaging is a powerful mental conditioning tool, but it requires practice to work best.

If you feel silly, just think about all of those times you reinforced *failures* with food. This list is a written version of the destructive dialogue that goes on in your head. Imaging, then, is just a technique to channel these thoughts into more positive action.

You can use both affirmations and imagery to conquer self-defeating thoughts and a pattern of failure. These techniques will help you to relax and increase your self-confidence with weight management.



Stress Eating

Producing stress in an animal is not difficult. Simply create a situation that involves two choices, neither of which is palatable, and you have a stress/conflict response. For instance, if a starving animal is taught to press a lever to get food, then is punished with an electrical shock at each lever press, a classic stress situation is induced. The animal has two choices: to press the lever for food and be punished, or to avoid the lever and starve.

Imagine this situation in human terms. You diet down to goal weight but are frequently obsessed with eating. You feel hungry, deprived, and upset over your yearnings for food. Like the animal with the lever, you feel restricted to two choices, and neither is acceptable. You avoid food and continue to feel deprived and obsessed, or you can eat and be punished with weight gain. In both animal and human, conflict situations result in stress. And despite the temporary euphoria experienced from weight loss and a strong desire to maintain it, some dieters experience overwhelming feelings of deprivation.

A return to eating, even if moderate, may be accompanied by guilt and self-recriminations. Some people accuse themselves of being self-destructive, self-defeating, or afraid of success. Weight regain often goes hand-in-hand with anger and depression.

If we set aside the emotional baggage for a minute and examine weight regain from a behavioral perspective, we can formulate a method for keeping weight off. On one hand, people need to reduce the potential for stress resulting from dieting and weight loss. However, if a conflict situation leads to stress and consequently to eating and weight regain, we must discover ways to resolve the conflict.

REDUCING YOUR DIET'S STRESS POTENTIAL

One starting point for reducing the "stress potential" of your diet is to set realistic goals and commit to less severe food restriction. Remember how we encouraged you to set realistic weight-loss goals and follow a meal plan that is moderately reduced in calories?

Another stress-reducing step you can take is to realize that there are few absolutes and plenty of conscious choices. The objective is to experience weight loss as a result of healthy changes in lifestyle and food choice, not as a result of deprivation.

The third way to minimize stress from dieting is to restructure your self-talk (those little voices inside your head). Change self-recriminations into self-praise. Celebrate your successes, and learn from mistakes rather than dwell on them. This is accomplished through affirmations and positive self-talk (see earlier readings).

Lastly, when all else has been tried and stress builds—as it does with everyone—rechannel your energies and use stress-management techniques. Consider meditation, relaxation, or a regular exercise program. Doing something nice for yourself is stress reducing. Remember, stress is a fact of life, whether diet-induced or not, and any level of stress reduction will ultimately support long-term weight maintenance and an improved quality of life.

Unlike the test animals, humans do have choices and outlets. As you learn to channel your energies toward new enterprises, interests, and a new outlook, maintenance of your weight loss will become more of a challenge and less of an obstacle to enjoying your life.

Managing Social Occasions

Under ideal dieting conditions, one would avoid all unacceptable foods, buy and eat only those that have been planned, eat on a regular time schedule in the right place, and so on. None of us would really like these "ideal" conditions very much, though. If that is what this program required, you would probably just as soon keep your old weight.

We are all social creatures, and we all like to go out to eat, go to parties, and go on vacations. So how do you handle social situations? Here are a few suggestions:

1. You might consider eating before you go to an event if you know that there will be nothing there for you. Take your own food if it is not inappropriate (going to a ballgame, the beach, a buffet party).
2. At dinners, learn to say "No" if you find some foods unacceptable. There are always salads, bread, side vegetables, and fruit.
3. If possible, call ahead and ask what's available. Why go to an affair and be miserable?
4. At buffet parties, stay away from the food table as much as possible. Go in another room and chat or dance, but don't hover around the food. You're bound to nibble. If you do eat, put your food on a small plate or napkin first, so you know how much you're eating, and EAT SLOWLY.
5. Prior to going out, concentrate on what you look like and how much slimmer you feel. Wear something foxy. Focus on mingling with people rather than eating or drinking.
6. Watch the alcohol. It's high in calories and murder for your carefully laid plans.

In short, be prepared. Develop a social pattern that leaves YOU in charge and not a victim of circumstances.

The Sodium Issue

In the last few years, there has been a burst of consumer interest in nutrition. Increased awareness of sodium intake is a good example. Many people are consciously shaking the salt habit rather than passing the salt shaker. The food industry has taken notice of this trend and is marketing a variety of low-sodium products from soup to nuts as well as listing sodium content on the ingredient labels of foods.

There is potential, however, for misinterpretation of this data. Some people believe that their diets are "salt free" because they have retired the salt shaker. Yet they may be indiscriminately choosing high-sodium processed foods.

Sodium is an essential mineral, occurring naturally in all foods. Since our daily requirements are small, a basic, balanced diet meets the salt needs of most healthy individuals.

The word *sodium* is often used interchangeably with salt, since approximately 40 percent of salt is sodium. A heavy hand on the salt shaker, then, has become the primary source of excess sodium intake. However, sodium is also frequently added to many processed foods and condiments as a flavor enhancer, preservative, and for a variety of other purposes. The cumulative effect of added salt at home and sodium in the food supply is an average American diet that contains five to twenty times more sodium than is needed!

Recently, there has been strong evidence linking diet with hypertension (high blood pressure). Hypertension is a primary risk factor for heart disease and stroke. In some people, hypertension is clearly caused by, or at least aggravated by, sodium.

Although the exact relationship between sodium intake and cardiovascular disease is not yet clear, it is prudent for all individuals to use moderation, since high-sodium intakes are unnecessary (unless otherwise instructed by your physician) and are potentially unhealthy. Keep in mind that an overweight person has a greater risk of developing hypertension than a person at ideal weight.

If you consider yourself to be a salty dog or would like to further reduce your sodium intake, here are some suggestions:

1. Choose naturally low-sodium flavorings, such as herbs or spices, lemon or lime juice, or vinegar instead of seasoned salts, meat tenderizers, MSG, soy sauce, barbeque sauce, and other condiments.
2. Select natural food sources such as fresh meat, poultry, fish; fresh or frozen vegetables; and homemade soups or casseroles instead of highly processed, convenience foods.
3. Read labels on products. If you see the words salt or sodium listed as a primary ingredient (one of the top three listed) in a food item, consider a lower sodium substitute.

If you have hypertension or a family history of it, take inventory of your sodium intake now, and make some positive changes starting with *shaking the salt habit*, both in cooking and at the table. If you're simply interested in adopting more healthful eating practices, then go fresh. Foods that are closest to their natural state are generally lowest in sodium. And there's another bonus—they taste the best!

Hunger

We all experience urges to eat during the day. We usually call this hunger, but is it? Let's examine this phenomenon a little more closely.

CASE 1. It's Tuesday, 1:30 P.M., and you've had a large breakfast, unusual for you since you rarely have breakfast on weekdays. Yet you find yourself wanting to eat anyway. Hunger?

CASE 2. You've just eaten a very large (and delicious) dinner at your friend's—you can't eat another bite. You enter another room to chat, and the hostess soon brings in some small pastries. Your hand reaches for them. Hunger?

CASE 3. You're relaxing in front of the T.V. after a hard day at the office and a large meal. You're pretty full, and you loosen your belt to be more comfortable. Someone comes in and sits down with a box of cookies. You decline the offer to have some, but thirty minutes later you change your mind. Hunger?

Most people on a well-planned diet rarely experience hunger. Seldom does the stomach rumble, weakness set in, and so on. Dieting does result in a high incidence of food obsession and a "driven" sort of eating. At the extreme this is binge behavior. What we see at work here are habits breaking through the willpower.

What to do? Here are some suggestions:

1. Avoid the problem as best you can. Declare some rooms in your house "food" rooms and others "safe" rooms. No food in the safe rooms—out of sight, out of mind.
2. Store food in opaque containers. Again, out of sight out of mind. Even looking into the refrigerator is a bad idea. It helps not to have the sight and smell of food too available.
3. Count how many times you enter the kitchen. Why so many times? The kitchen is a food room. Keep out.
4. Develop one new evening behavior. Make sure it is not associated with food and will not elicit eating behavior. Become a more interesting person!

Calciyummmm

Calcium, the essential mineral found predominantly in milk products, has recently received the nutritional recognition that it deserves. In the past, milk has been viewed primarily as an important food for children and pregnant women. There has been a relatively casual attitude regarding calcium intake in adults because our bones and teeth are already developed. However, recent research has shown that calcium and its major dietary sources—dairy products—are important at all stages in the life cycle.

In addition to children and pregnant women, postmenopausal women have special calcium needs. Osteoporosis (decalcification of bones) is common in this population, resulting in pain, debilitation, and even death due to bone fractures. Osteoporosis, clearly a serious public health problem, is now felt to be caused by three factors: hormone changes following menopause, low dietary intake of calcium, and inactivity. Men have a lower incidence of osteoporosis due to their greater bone density, better than average intake of dairy products, and higher level of physical activity.

Dieters face another calcium problem, aside from the risks of eliminating calcium-rich foods for calorie purposes. They often drink large amounts of diet soda, which contains a great deal of phosphorus. Phosphorus reduces calcium absorption.

A third calcium concern is the recent association between low-calcium intake and hypertension, independent of weight and sodium intake.

So, what's the moral of the story? Children and adults alike must be concerned with their calcium intake. The Recommended Dietary Allowances suggest that *adults* obtain 800 mg of calcium per day through a balanced diet, which includes two or more glasses of milk or the equivalent. Here are some special guidelines for dieters:

Dairy Sources of Calcium (milk and milk products, including yogurt, cheese, and cottage cheese)

1. Choose *skim* or *low fat* selections to keep fat and calories reduced.

2. Try eating plain yogurt with unsweetened fruit or juice.
3. Be creative with cottage cheese. Dice up some vegetables and make a sandwich spread.
4. Ice cream is not recommended, since it takes eight times more calories to equal the calcium in one cup of milk.
5. Individuals with milk intolerance due to lactase deficiency may be able to use supplements of this enzyme (i.e., *Lactaid*).

Non-dairy Sources of Calcium

1. Sardines are high in calcium, primarily because we eat their bones. Unfortunately, they are usually packed in oil; use sparingly.
2. Almonds are also high in calcium—and fat.
3. Dark green, leafy vegetables have plenty of calcium, but much is in a form not easily absorbed by the body.
4. Calcium supplements are appropriate for some people. Use calcium carbonate rather than a bone derivative as a precaution against lead contamination.

Carbohydrates Aren't All Bad

Carbohydrates have received much bad publicity over the years, especially among dieters. They are often considered the dieter's downfall and therefore to be avoided when "dieting." The truth about carbohydrates is that they:

- come in two forms: simple (sugars) and complex (starches)
- supply energy (4 calories per gram)
- are found in a variety of foods
- are a necessary component of a well-balanced diet.

The problem with carbohydrates is threefold:

- We eat too many simple ones (sugar, that is)
- We don't eat enough complex ones (starches, that is)
- When we eat starches, we usually add high-fat, high-calorie condiments such as butter on bread, sour cream on potatoes, gravy on rice, and oil in fried foods.

Did you know that fat supplies 2½ times *more* calories than carbohydrates? To improve your diet, then, you need to increase your consumption of starches, decrease your intake of sugar, and drastically reduce the fats.

CARBOHYDRATE CLOSEUP

Carbohydrates are composed of three elements: carbon, hydrogen, and oxygen. The simplext carbohydrates are called *monosaccarides* (single sugars). Examples are glucose, fructose, and galactose.

The second level of carbohydrates are *disaccharides* (two sugars). Examples are: sucrose (table sugar), lactose, and maltose.

The above two types of carbohydrates are considered sugars, identified by the suffix OSE.

The complex carbohydrates are *polysaccharides* (many sugars). These are the starches. They are made up of long chains of single sugar units.

SO WHAT'S THE DIFFERENCE?

Foods high in simple sugars, particularly sucrose, add very little besides calories to the diet. Exceptions to this include fruit, which contains fructose, and milk, which supplies lactose, since these foods offer other dietary pluses. Fruit, for instance, supplies fiber and vitamins A and C, whereby milk is a primary source of calcium and riboflavin (vitamin B_2). Complex carbohydrates, on the other hand, supply many essential vitamins and minerals, as well as dietary fiber.

WHAT TO DO

The U.S. Dietary Guidelines recommend that Americans reverse the present dietary trends and begin to *increase* their consumption of complex carbohydrates and *decrease* their intake of refined sugars.

The best complex choices include:
dried beans, peas, lentils, whole grain rice, wheat, rye, oatmeal, corn, bran, potatoes, whole grain bread, cereal.

Aside from leaving you feeling more satisfied, complex carbohydrates will increase your intake of fiber and trace nutrients and help cut down on meat consumption and therefore total fat intake.

Protein Choices

Protein is often associated with strength and growth, but few people truly understand the essential role that protein plays in nutrition and health.

The word *protein* is of Greek derivation and means "of first importance." Protein is part of every cell as well as the functional element in glandular secretions, enzymes, and hormones. Protein is essential for tissue growth and repair, regulation of fluid balance, and maintaining the body's immune system. It is particularly critical for dieters—who are cutting back on total calories—to pay attention to the quantity as well as quality of the protein they are eating.

To evaluate protein quality, basic protein structure must be understood. Proteins are complex, folded chains consisting of little building blocks called *amino acids*. There are twenty-one primary amino acids. Eight of these are considered essential because humans can't synthesize them and must therefore obtain them through food. Each food has its own amino acid "profile" (the amount and combination of these building blocks).

Protein foods with an amino-acid profile that supplies all eight essential amino acids in the proper proportion are considered *high quality*, or *complete protein*. On the other hand, those foods that lack one or more essential amino acids or supply insufficient amounts are considered *incomplete proteins*.

SOURCES OF PROTEIN

Complete proteins come from animal sources. Examples are meat, fish, poultry, eggs, and dairy products.

Incomplete proteins come from plant sources. Examples are dried beans, peas, grains, and vegetables.

It is possible to improve the protein quality of a meal by combining incomplete proteins. For example, beans + grains = a good combination!

Unfortunately, many dieters concoct very restrictive low-protein

diets in hopes of rapid weight loss. "I'm only going to eat grapefruits and salads!" they say. The result of insufficient calories and insufficient protein is muscle breakdown in addition to fat loss. In other words, the body takes care of itself when a dieter neglects its needs. Muscle loss is medically hazardous as well as being counterproductive for weight loss. It is accompanied by a reduction in metabolic rate and leads to rapid weight regain when a normal diet is resumed.

With *The Original Boston Computer Diet*, your meal plans are moderately reduced in calories and supply sufficient protein during the weight-(fat-) loss phase. Once you've reached the maintenance phase, the proportion of your total calories that comes from protein can be reduced slightly. The U.S. Food and Nutrition Board recommends a diet that supplies approximately 0.8 grams of protein per kilogram of ideal body weight from a variety of sources. (Keep in mind that there are 2.2 pounds in one kilogram).

Always remember this: The goal of dieting is to *lose excess fat* while preserving necessary fluid and muscle protein.

A Little Help From Your Friends

People occasionally forget the important role that close friends and family play in a weight-loss effort. Sometimes, dieters hide their dieting attempts out of a fear of publicly failing (again) and being subject to embarrassing reminders from tactless acquaintances.

Although these acquaintances should probably be kept in the dark about your plans, those close to you need to know you are tackling a tough problem. You would like them to know that they can help by being supportive and understanding. If you like compliments, let them know it's OK to offer them. If you prefer no comments, say so.

If you feel you're not strong enough to accomplish this project on your own, you might ask for occasional friendly reminders when you overeat. Be careful here not to request a watchdog—someone you will come to resent before very long.

Let people know that you'll get frustrated from time to time and even overeat occasionally—this is all part of a diet. Find friends who've successfully lost weight and ask for their support; they know how demanding it is and will be understanding. Get an exercise buddy if you need the extra push to exercise, but don't become too dependent on this person. If he or she stops working out, will you?

Finally, distinguish between help and support. You are not asking for help. You know what to do, how to do it, and you have the power to do it. You are asking for the support—understanding and friendly cooperation—of friends or family.

Sometimes you will have to be assertive with people who seem determined to sabotage your diet. Your weight-loss plans are much more important than any potential offense you might give, i.e., by turning down proffered goodies or declining an invitation to a high-temptation event. You can plan ahead and let others know about your needs to avoid inconvenience. Be creative and stick to your guns.

Remember, weight loss is essentially a public event. A 10 or more pound weight loss is very noticeable. Do not hide what you are doing out of a fear of failure. You might fulfill that prophesy. Be open and get support. Then, everyone can share in your success.

Roughing It

Over the past few years, have you found yourself:

- choosing whole wheat bread over white?
- selecting bran cereal and whole grain crackers?
- planning raw fruits and vegetables as party snacks instead of cream puffs?

What you're experiencing is a "wellness awareness"—a gradual trend towards a healthier lifestyle, which includes a wholesome, nutritious diet. Since wholesome connotes healthy, natural, and less refined, it's commonly used to describe foods that provide dietary fiber.

Although we can attribute no miracles to a high-fiber diet, there are some concrete benefits to "roughing it." Investigative work in less industrialized countries has revealed that these populations are practically free of such chronic diseases as adult diabetes mellitus, diverticulosis, constipation, and cancer of the colon and suggests a link between certain diseases of civilization and degree of highly processed, low-fiber foods in the diet.

Dietary fiber is passed through the gastrointestinal tract relatively undigested, thereby producing some of the positive effects on intestinal functioning. These include:

1. decrease in the time for food passage through the intestines, thereby limiting internal exposure to potential cancer-causing agents.
2. decrease in the pressure within the colon (large bowel), preventing development of constipation and diverticulosis.
3. possible interference with cholesterol absorption and lower blood-sugar levels for persons with diabetes.

Gradually and prudently increasing your intake of dietary fiber can enhance your weight-loss efforts. How?

First of all, high-fiber foods require more chewing. This forces you to slow the pace of eating. Secondly, dietary fiber has an affinity for fluid and therefore creates a feeling of stomach fullness, keeping hunger at bay. Finally, many high-fiber foods such as fresh fruits, vegetables,

whole grains, and beans are relatively low in calories, since they contain little or no fat, and can add flavor, color, and texture for increased meal appeal.

It is not necessary nor advisable to begin sprinkling bran and seeds on all of your foods. If you add fiber too suddenly, you may notice some symptoms of bloating and gas. Gradually incorporate more wholesome, less processed foods into your daily diet. You'll be taking an additional positive step toward a more healthful lifestyle.

Body Imagination

If you've stayed at roughly the same weight over the past few years, your internal picture of yourself is probably quite fixed. Imagine if you suddenly gained 30 pounds overnight. Aside from being uncomfortable, it would take getting used to. You would still try to put on your old, tight clothes. You'd forget to move your car seat back to fit you better. You would become fatigued faster. In short, this rapid change in physical weight would not immediately be accompanied by a change in "mental weight," more commonly called "body image."

The same is true in reverse. Even though you may be losing weight, your body image remains that of a heavy body. It takes time for mental weight to catch up to physical weight. Although this may sound rather unsurprising, it does lead to certain problems. As long as there is a gap between the way we *think* we look and the way we *actually* are, we remain in a state of tension. Tension does not support weight loss or maintenance. Opposing the desire to lose weight is the mind's picture of a heavier person. This conflict often resolves itself in weight regain.

What to do? The question really is, how do we get our body image to conform to the way we really are or want to be? There are two basic ways to speed up body-image changes:

1. *Use imagery*. Regardless of what you presently weigh, the constant vision of a thinner body speeds up the changes in body image. Picturing yourself thinner than you are alters your body image and actually pulls you to your desired weight rather than opposing your efforts.
2. *Get moving*. The way we picture ourselves is not as others see us, but rather through internal feedback from our various body parts (proprioceptive feedback). As we move around (walk, sit, twist, bend), the brain forms an internal picture of our body. This is our body image. Through purposive movements, such as aerobic exercises or calisthenics, we can retrain our minds to read the new signals from our newer, thinner bodies.

Health Without Fat

It should be no surprise to you to hear that obesity is the number one nutritional problem in the United States. A Gallup poll revealed that 46 percent of Americans felt that they were overweight; 4 out of 10 persons were doing something to control their weight. Data from the National Center for Health Statistics indicates that, depending on age, one-fifth to one-third of American women and one-sixth of American men are more than 20 percent above recommended body weight.

These statistics raise important public health concerns, since 20 percent above is the degree of weight problem where serious health consequences surface. The grim facts are that overweight people die sooner than normal-weight people. There is no getting around it. This has been confirmed by dozens of careful scientific studies. What are the causes? The principal villains are cardiovascular disease and diabetes.

CARDIOVASCULAR DISEASE

Evidence linking obesity and the risk of heart attacks, angina, and death due to coronary artery disease has been accumulating for many years. Some of the excess risk is due to factors that are commonly present along with obesity (smoking, hypertension, and high-serum cholesterol).

The majority of scientists in this field, along with the authors of this program, believe that obesity is an important, independent cause of premature symptoms of and death from heart disease. This concern is substantiated by an ominous new report from the well-known Framingham Heart Study. Using careful statistical methods to account for the effects of other risk factors, investigators found that obesity was an important long-term predictor of heart disease for both men and women.

Men under age 50 were found to be 73 percent more likely to develop cardiovascular disease if their weight was more than 30 percent above recommended. For women, the risk of cardiovascular disease was more than doubled.

DIABETES

Little controversy exists regarding the strong association between obesity and diabetes. The incidence of diabetes is doubled for people who are more than 30 percent above recommended weight. Death rates from diabetes are three to eight times higher for these people compared to normal-weight individuals.

OTHER DISEASES

A recent study of 73,532 overweight women found sixteen different diseases associated with obesity, including high blood pressure, gall bladder disease, and strokes.

Obese people also suffer more with arthritis. Excess weight is an important cause of back pain and can have a profound effect on the symptoms of arthritis. Wear and tear on the joints in the lower extremities is increased, resulting in osteoarthritis. Pains in the knees, ankles, or feet is almost universal among really heavy people.

Obesity is a serious and special hazard for pregnant women. Toxemia, certain complications during delivery, and stillbirths are more frequent among overweight expectant mothers. There is even a twofold increase in infant mortality among babies born to obese mothers.

Obese men and women may experience infertility. Inflammatory skin conditions caused by excess sweating are also more frequent in obese individuals. Breathlessness and other symptoms of emphysema and heart disease are worsened by obesity, as are problems with varicose veins.

Obesity poses special hazards with surgery. Anesthesia is more dangerous, and the entire operation is prolonged; furthermore, scars left behind are more noticeable.

Aside from the above-mentioned medical hazards, obesity can impede establishing interpersonal relationships and career opportunities, resulting in a damaged self-image. Anyway you look at it, maintaining a desirable weight is consistent with improving the quality of your life.

Fads Fail

Fad (n.): A fashion that is taken up with great enthusiasm for a brief period of time.

Diet (n.): The usual food and drink of a person or animal. Something taken or provided regularly to eat or feed.

The inherent contradiction between these two definitions makes an obvious case against the compatibility of fad and diet. The former is a temporary craze, the latter a way of life. Despite this obvious conflict of purpose, fad diets and other quick weight-loss remedies continue to flood the market to the tune of over $10 billion annually. So why do Americans continue to be vulnerable to the sensational diet claims? The answer is . . . need! Over 60 million Americans are overweight. Obesity is strongly associated with a number of health consequences. And "Thin is in!"

WHAT'S WRONG WITH FAD DIETING?

Most quick weight-loss (fad) diets fail. This is because

1. Most are very low in calories. Much of the initial weight loss is fluid and muscle rather than fat. When you return to a "normal" eating pattern, these components of body weight are quickly regained.
2. Most "prescribe" unpalatable and unbalanced meal plans. Some tell you to eat *only* fruit, *only* vegetables, *only* fish, or all protein/no protein. These programs, without doubt, are *only* temporary. Dieters initially eat less and lose because the diet is so monotonous. Inevitably, though, dieters will abandon their weight-loss attempts.
3. Most promise the moon . . . and usually deliver frustration and feelings of failure.
4. Most take full responsibility for the weight loss. "Follow this diet blindly and you're bound to lose!" With your eyes closed, you're also bound to stumble because you've been taught very little about sound nutrition, behavior, and the exercise components of weight management.

The fad-diet business is big and booming. However, for those with

blossoming bodies, fads are *not* the way to curtail expansion. Remember: OVER 95 PERCENT OF THOSE WHO TRY FAD DIETS WILL REGAIN THEIR WEIGHT.

ARM YOURSELF WITH A DIET CHECKLIST

To prevent getting pulled in by ineffectual fad diets, ask yourself the following questions:

1. Is the program's effectiveness well documented or based on testimonials and anecdotal evidence?
2. Does it promise fast, easy solutions? magic food combinations? no effort? secret formulas?
3. Is the diet nutritionally unbalanced?
4. Is the focus on diet alone, excluding behavior, exercise, and other positive lifestyle modifications?

The next time you're feeling vulnerable to a fad diet, take a deep breath, remember what you've learned in this program, and tell yourself, "I deserve more."

Java Jitters

Caffeine is a compound present in coffee, tea, chocolate, and the kola nut. When first introduced to Europeans in the mid-1400's, coffee was considered to be intoxicating and dangerous to health. Today, it is one of the most widely used central nervous system stimulants.

There are varying amounts of caffeine in coffee, tea, cocoa, and cola. In addition, variations in brewing time of tea and preparation methods of coffee will result in differing caffeine levels. Generally, most caffeine is consumed by drinking beverages with an estimated average intake of 210 mg./day.

Caffeine is readily distributed through all body tissues and has a number of physiological effects. As a central nervous system stimulant, small doses (50 to 100 mg) appears to result in increased alertness, coordination, endurance, and decreased fatigue. Higher intakes (200 to 500 mg) may cause headaches, irritability, and nervousness.

Caffeinism, a syndrome associated with excessive intake (i.e., more than ten cups of coffee per day) may produce symptoms similar to anxiety neurosis, including shakiness, tingling, ear ringing, and tension. Problems with sleep are often due to inappropriate use of caffeinated beverages.

Caffeine stimulates gastric secretion and may be restricted for individuals with peptic-ulcer disease. It also affects the cardiovascular system by stimulating cardiac muscle, causing increased force of contraction, heart rate, and cardiac output. At intakes greater than 250 mg, cardiac irregularities may be induced.

Recently, researchers and health-care professionals have voiced concern over caffeine intake by pregnant women, since the drug readily crosses the fetal-placental barrier and is absorbed into human milk. The degree of the drug's toxicity to human fetuses has yet to be determined, but we suggest that pregnant women restrict their intake.

Though little concrete evidence is available thus far suggesting risk to most adults from caffeine, it would be prudent to practice moderation, limiting intake to 400 mg of caffeine per day or less.

Here are some additional tips:

1. Highly stressed individuals who consume numerous cups of coffee to keep energized at work should:

   a. try starting the day with a balanced breakfast;
   b. take time for a lunch break. The midday break from the workload pressure will give you time to wind down and revive, often resulting in greater productivity.

2. For the orally fixated dieter coping with the stress of a limited food intake:

   a. Try choosing spring or seltzer water or diluted fruit juice, or
   b. break the oral habit altogether and explore alternative, non-food related activities that are more enjoyable.

Changing personal behaviors is a long process requiring considerable attention and effort, but the resultant sense of accomplishment can be one of the most potent energizers.

Tough Times

Many dieters seem able to handle structured meal times with menus, pre-planning, and food portioning. The trouble times for them are the between-meal times—that mid-morning pastry at work, a mid-afternoon pick-me-up, or the pre-supper hour nibble. But the biggest trouble spot for most people is the after-dinner snack.

There are many reasons why we encounter problem times—not the least of which is habit. If we do something long enough over time, it becomes difficult not to do it. Habits are actually *sequences* of behavior. They usually have an identifiable stimulus that starts them and a less well-defined stimulus that ends them.

Earlier in the program, you had a chance to examine your eating patterns. You should have identified your problem food cues and tried alternative behaviors. If you're still having some trouble with late afternoon, for instance, you can try:

- relaxing with a book or magazine (out of the kitchen)
- listening to some nice music
- catching up on your correspondence
- meditating
- taking a shower or bubble bath
- taking a walk or other planned physical activity

You really do have choices.

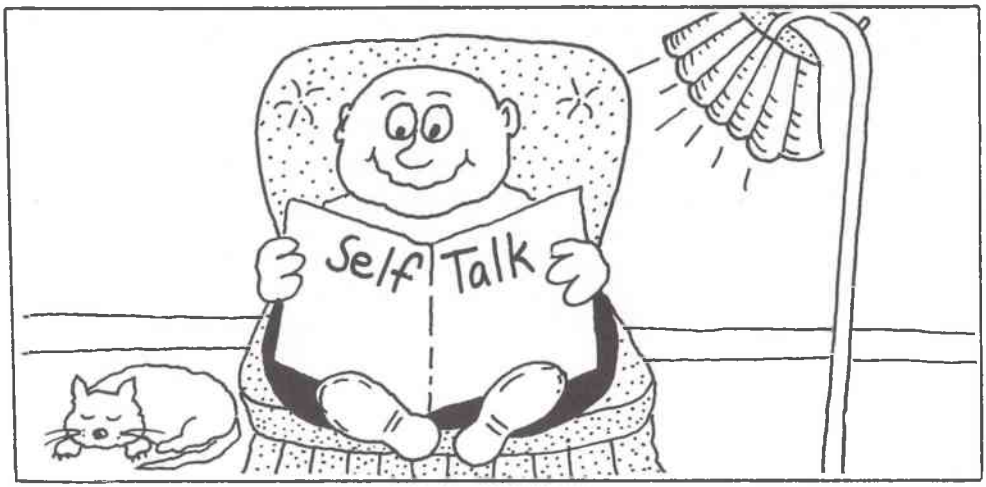
Evenings appear to be the hardest to cope with because there seem to be fewer options available. Does that mean you are stuck? Are you really unable to develop new, more meaningful and satisfying behaviors? The list of movies, plays, adult-education courses, sporting events, etc., is usually adequate in most areas. If nothing is available outside your home, create new hobbies inside. Learn a new language, then go on a trip (you want to test the language, don't you?). Work out at home on a stationary bicycle, call a friend, watch TV. These are only a few suggestions. You can probably come up with lots more.

Artificially Sweet

Have you been troubled by "Carbohydrate Cravings" or "Sugar Blues"? Apparently many persons are. Better than 16 percent of total calories consumed by Americans are in the form of sugar. In an attempt to satisfy our sweet tooth without adding extra calories, a number of sugar substitutes have been introduced into the market as either *nutritive* or *non-nutritive* sweeteners.

The *non-nutritive* sweeteners include cyclamates and saccharine. Cyclamates have since been banned from use in the United States because of reported cancer-producing properties (they may be making a comeback, however). Saccharine has also been the center of controversy over safety, yet no ban is in sight. Many health professionals recommend limiting use of saccharine-sweetened products.

Two commonly used *nutritive* sweeteners are fructose (found naturally in fruit) and sugar alcohols such as sorbitol, xylitol and mannitol. These sweeteners contain the same number of calories as sugar, but, in some cases, are much sweeter. They generally have limited value for weight reduction. The sugar alcohols—found mostly in "sugar-free"



mints, gum, and candy—can, with excessive overuse, cause stomach gas, bloating, cramping, and diarrhea.

A very recent addition to nutritive sweeteners is aspartame, marketed as Equal or Nutrasweet. Chemically, it contains the amino acids phenylalanine and aspartic acid. Although aspartame yields 4 calories per gram, as does sugar and the other nutritive sweeteners, it's sweeter (approximately 200 times sweeter than sugar) and has less aftertaste. Much less aspartame, therefore, is required to produce a desired sweetness, and less calories are added to the diet.

Premarket testing revealed no toxicity from aspartame in amounts likely to be consumed. However, a warning statement is posted on labels for persons with phenylketonuria (PKU) who must avoid products containing phenylalanine.

Although aspartame has so far proven itself to be an acceptable sweetener, it will not be able to replace sugar altogether because of its instability. It loses sweetness at high temperatures and provides insufficient bulk and structure for baking. However, as a tabletop sweetener and in beverages, aspartame is proving itself to be the new high-priced sweetheart of sweeteners.

Diet Drugs

"If I could only take a pill and never again have to worry about my weight!" This thought has probably crossed the minds of just about every person who struggles with controlling their weight. Sound like a money-making proposition? Absolutely!

Americans are presently spending about $75 million annually on appetite suppressants alone in search of that magical "cure." Unfortunately, too many people will wish and hope and try one product after another and will usually fail in the long run. What to do? Know the market—and the marketing.

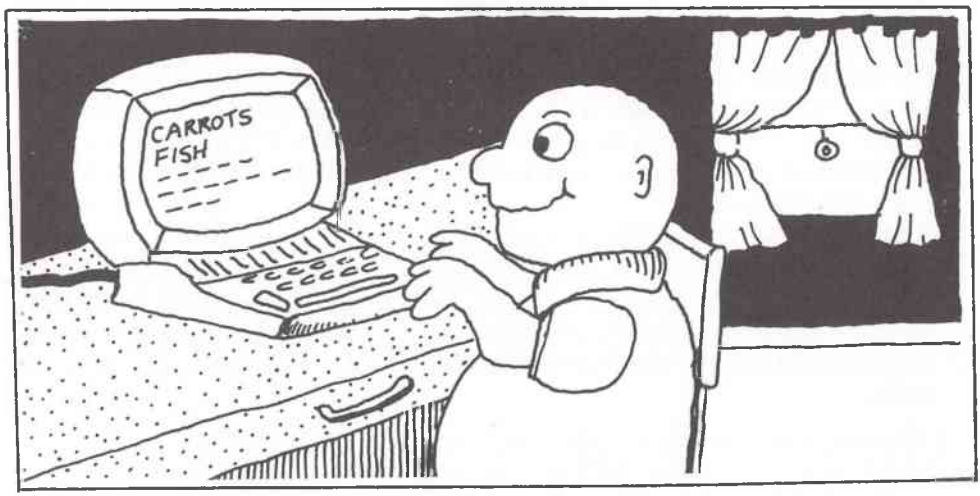
1. *Magical fat-mobilizing enzyme aids.* These include Human Chorionic Gonadotropin (HCG) injections and the lecithin, kelp, and vitamin B_6 combo. There is nothing to substantiate the effectiveness of these compounds. Rather, the dieter loses weight on the low-calorie plan that always accompanies these magical diet aids.
2. *Products inhibiting nutrient absorption.* These are the "starch blockers." As you know, they've come and gone. They were initially marketed as a food product, but without prior FDA approval. As the FDA began to receive user complaints of nausea, vomiting, diarrhea, and stomach cramps, prompt action was taken, and the pills were pulled from the shelves.
3. *Appetite suppressants.* These include *Ayds* (TM), spirulina, and products containing the drug phenylpropanolamine. *Ayds* and other such products basically provide a small, sweet treat to be taken with a lot of fluid prior to a meal. Effectiveness is very questionable. You'd probably do just as well with a caramel and a glass of water prior to eating.

Spirulina is a recently promoted weight-loss wonder now in high demand. It is a natural, blue-green algae that contains some protein, vitamins, and minerals. However, claims that phenylalanine, an amino acid found in spirulina (and in most protein sources), acts to suppress appetite were challenged by an FDA advisory panel and were found to be unsubstantiated.

Lastly, we have phenylpropanolamine (PPA). This drug apparently

has some effect on appetite and may improve short-term weight loss results. Long-term effects on weight maintenance are questionable. There are important concerns about the drug's safety. Nervousness, restlessness, dry mouth, insomnia, headache, increased blood pressure, and psychotic behavior have been documented in some individuals using these products.

Are you more skeptical now? Maybe you would still like to have a miracle drug, but presently there is no pharmaceutical magic for achieving permanent weight management. The magic must come from you. Diet, exercise, nutrition knowledge, and behavior change are proven to be the only ways to achieve and maintain a desired body weight.



Assert!

If you are like most people, you feel you are not as assertive as you should be. Maybe you think you don't like yourself enough or perhaps you think you have a serious character flaw.

Here's what you should know: If you are clear in your aims and committed to your goals, assertiveness training is rarely needed. If you've been trying to learn to be assertive about things you really don't care about, you'll find it's very hard work.

If you have an allergy to butter, and fish comes with butter, you send it back—no thought of assertiveness. If you brought your car in to be repaired and it still didn't run properly, you'd bring it back—again, no thought of assertiveness. If someone comes to fix your roof and it still leaks, you'd call again without hesitation.

The fact is, a leaking roof brings out commitment. If your car stops running, you are immediately committed. With commitment, assertiveness comes naturally. It doesn't need to be practiced.

So, in spite of its title, this section is really not about "assertiveness training." It is about commitment to a goal.

The Long Haul

Congratulations! You've reached your weight-loss goal. Now the real learning, balancing, and long-term changing begins. You have entered the maintenance phase of weight management.

Maintenance is about moderation, decision-making, self-monitoring, and applying learned skills that eventually result in lifestyle changes. Your caloric needs are somewhat greater now because you no longer need a calorie deficit for weight loss. On the other hand, if caloric intake starts creeping higher than your maintenance needs—well you know how the story goes.

Decision-making with food is probably the most difficult aspect of maintenance. On a weight-loss diet, food selection was more black and white—all or nothing (you *can* have this and *shouldn't* have that). With the relatively short-term goal of weight loss, you could focus and strive to reach that goal. And now you're there.

All of those foods that were "Absolutely nots" will eventually be "Maybes" and might sooner or later become "Why nots?" No longer can the all-or-nothing mentality apply, because if you have it all, you

will once again be overweight. If you constantly abstain, you'll soon feel deprived and probably resentful.

This is where moderation and rational decision-making replace the all or nothing mentality, so that you can have the best of both worlds—food enjoyment *and* a desirable body weight.

Throughout the weight-loss phase, you practiced (with the guidance of your counselor) self-monitoring through applied behavioral skills. You pre-planned and reported, pre-planned and reported until it should have become second nature. You also attempted to modify eating patterns, break bad habits, and weaken strong food cues, so as to build "thin" eating behaviors.

All of these skills and insights must be applied during maintenance. The only way to make good food choices is to feel in charge—and to feel in charge, you've got to continue to plan and monitor.

Here are some final suggestions:

1. Use the maintenance Meal Plan that matches your caloric needs, to help structure your meals and calories.
2. Continue your exercise program—indefinitely. Exercise should be a lifelong behavior.
3. Continue to plan and report your food intake for the length of time you were dieting or eight weeks. This will help reinforce all of those good behaviors during this vulnerable period.
4. Use the U.S. Dietary Guidelines to help you make food choices.
5. When confronted with food decisions:
   a. *Always go low fat.* For example, scratch gravies and cream sauces, apply dressing or condiments yourself, and avoid high-fat snacks. (Excess fat makes you fat!)
   b. *"Think thin."* Cut portions (share with a friend) and *slow down.* When you get the urge for a goodie, delay eating for thirty minutes and substitute a non-food-related activity. The urge will probably go away.
   c. *Substitute low-cal foods whenever possible.* Fruit can often satisfy a sweet tooth. Plain popcorn can be just as satisfying as chips or pretzels and has many fewer calories.
   d. *Cut the alcohol.* Substitute seltzer. Your waistline will thank you.

6. Periodic regain of a few pounds is not a crisis, only a signal for you to make changes. Continue to weigh yourself weekly, and when you are approximately 5 pounds above your goal weight (your "trigger" weight), go back on the program. When you've reached your goal, it's maintenance time again.

Weight maintenance is long-term. You may not always have what you want when you want it, but you *can* have food enjoyment, an active lifestyle, and a desirable body. All it takes is a little applied knowledge and a strong belief in yourself. Remember, "I am a success!"

TABLE 7. U.S. DIETARY GUIDELINES

1. Eat a Variety of Foods
2. Maintain Ideal Weight
3. Avoid Too Much Fat, Saturated Fat, and Cholesterol
4. Eat Foods with Adequate Starch and Fiber
5. Avoid Too Much Sugar
6. Avoid Too Much Sodium
7. If You Drink Alcohol, Do So in Moderation

U.S. Department of Agriculture
U.S. Department of Health and Human Services

Food Reporting Form

BREAKFAST	PORTION	COMMENTS
date time mood		

MORNING SNACK	PORTION	COMMENTS
date time mood		

LUNCH	PORTION	COMMENTS
date time mood		

AFTERNOON SNACK	PORTION	COMMENTS
date time mood		

DINNER	PORTION	COMMENTS
date time mood		

EVENING SNACK	PORTION	COMMENTS
date time mood		

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